#### Received 04/08/2022 Pacific Workers'

# MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review P.O. Box 138009 Sacramento, CA 95813-8009 (855) 865-8873 Fax: (916) 605-4275



MAXIMUS Case Number:



CM22-0035834

Document Type Requested:



Medical Records

Participant:



PRTIDCLAIMS ADMINISTRATOR

Notice of Assignment sent:

March 23, 2022

# **IMPORTANT!**

# Attach this page to any documents sent to MAXIMUS regarding this case.

Documents sent without this cover page may not get attached to this case.

Please indicate the document type attached (Medical records, settlement letter, etc.)
Document(s):

Do not include information regarding another case with this cover page.



April 6, 2022

Maximus Federal Services, Inc. Independent Medical Review P.O. Box 138009 Sacramento, CA 95813-8009

Re:

Claimant:

Jonathan Shockley

Claim #:

040519008736

DOI:

02/15/2019

Date of UR Decision:

02/22/2022

IMR Application Received:

03/21/2022

Maximus Case Number:

CM22-0035834

Dear MAXIMUS Federal Service:

Pursuant to the Notification dated 3/23/21 we hereby submit the following documentation in compliance with LC 4610.5 and CCR 9792.10.4:

- Babak Jamasbi MD: RFA 2.11.22, Visit Note 2.4.22, Prescription 2.11.22, RFA 12.21.21, Visit Note 11.23.21, Prescription 12.1.21, RFA 11.24.21, Visit Note 11.23.21, RFA 10.1.21, Visit Note 9.30.21, RFA 8.26.21, Visit Note 8.19.21, RFA 8.23.21, Visit Note 8.19.21, RFA 7.9.21, Visit Note 7.8.21
- Non-Cert 2.22.22, Cert 12.7.21, Cert 12.2.21, Cert 10.8.21, Claims Auth 9.2.21, Cert 8.30.21, Cert 7.15.21
- UR History Report

As requested, I have attached the provider's request for treatment and the clinical information. I believe that we have responded to your request; however, should you have any additional questions, please do not hesitate to contact us.

Sincerely,

Utilization Review Department 714-385-8500 GM-ORCA-IMR\_NOA@corvel.com



Cc:

Farber & Co 333 Hegenberger Road #504 Oakland CA 94621

Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street #1100 San Francisco CA 94105

# MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review P.O. Box 138009 Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4275



# Notice of Assignment and Request for Information

MARIO CASTRO CHUBB & SON (WC) - LOS ANQELES, CA PO BOX 30850 LOS ANGELES, CA 90030

March 23, 2022

IMR Case Number:	CM22-0035834	Date of Injury:	02/15/2019
Claims Number:	040519008736	UR Denial Date:	02/22/2022
Priority:	STANDARD	Application Received:	03/21/2022
Employee Name:	JONATHAN SHOCKLEY	Land At Assessment Committee of	<u> </u>
Provider Name:	BABAK JAMASBI MD		
Treatment(s) in	1. THERAPY: ACUPUNCTURE	X 6	***************************************
Dispute Listed on IMR Application:			

#### Dear Parties:

The California Department of Industrial Relations' Division of Workers' Compensation has assigned MAXIMUS Federal Services to conduct an independent medical review for the above case.

# Injured Workers or their Appointed Representatives:

- You may provide any documents in support of your request for medical items or services.
- If you choose to provide documents, they must be received by MAXIMUS Federal Services within 15 days of the date of this notice.
- If you provide to us documents that you have not previously provided to the Claims Administrator, you must provide copies to the Claims Administrator now.
- You should also expect to receive within 15 days of the date of this notice either copies or a list of the documents submitted to us by the Claims Administrator.

#### **Treating Providers:**

- You may provide any documents in support of your patients request for medical items or services.
- If you choose to provide documents, they must be received by MAXIMUS Federal Services within 15 days of the date of this notice.
- If you provide to us documents that you have not previously provided to the Claims Administrator, you must provide copies to the Claims Administrator now.

#### **Claims Administrators:**

- You must provide MAXIMUS Federal Services with copies of all documents listed on Attachment A (enclosed) within 15 days of the date of this notice.
- If you provide to us copies of documents that you have not previously provided to the Injured Worker, you must provide copies to the Injured Worker now.

- If copies of the documents have previously been provided to the Injured Worker, your article mowers' required to send to the Injured Worker only a list of the documents being provided to us.
- To help us with our medical record review process, please also provide us with a list of the documents you are submitting to MAXIMUS Federal Services.
- If you contend there are grounds upon which this request for IMR should be deemed ineligible, please submit documentation supporting your contention with your response to this request for information. Please note, however, that any objections to IMR eligibility do not relieve you of the statutory requirement to submit the documents set forth in Attachment A. You should therefore submit objections to IMR eligibility in addition to not in place of the documents requested by and through this letter.

#### How to submit documents:

- (1) Facsimile to (916) 605-4275;
- (2) U.S. Postal Service mail; or
- (3) Delivery Service.

For U.S Postal Service Use MAXIMUS Federal Services Independent Medical Reviews P.O. Box 138009 Sacramento, CA 95813-8009 For Delivery Service Use MAXIMUS Federal Services Independent Medical Reviews 625 Coolidge Drive, Suite 100 Folsom, CA 95630-3198

BOTH PARTIES: PLEASE BE SURE TO INCLUDE THE MAXIMUS CASE NUMBER WITH EACH DOCUMENT SUBMISSION. FAILURE TO DO SO MAY DELAY THE IMR PROCESS.

What Happens Next? Once the deadline for submitting documents has passed, MAXIMUS Federal Services will conduct a review of the documents submitted to verify that all of the required documents have been received. The complete case file will then be sent for an independent medical review by a doctor. In almost all cases, MAXIMUS Federal Services will send you a letter with this doctor's decision within 45 days from the date of this notice.

Additional information regarding the independent medical review process is available online at <a href="http://www.dir.ca.gov/dwc/IMR.htm">http://www.dir.ca.gov/dwc/IMR.htm</a>

Encl

# ATTACHMENT A: DOCUMENTS THAT MUST BE SUBMITTED BY THE CLAIMS ADMINISTRATOR

- (1) A copy of all of the employee's medical records, within six months prior to the date of the request for authorization, in the possession of the employer or under the control of the employer relevant to each of the following:
  - (A) The employee's current medical condition;
  - (B) The medical treatment being provided by the employer;
  - (C) The disputed medical treatment requested by the employee; and
    - (D) A copy of any other relevant documents or information used by the employer or its utilization review organization in determining whether the disputed treatment should have been provided, and any statements by the employer or its utilization review organization explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.

# (2) Other relevant documents:

- (A) A copy of all reports of the employee's treating physician relevant to the employee's current medical condition, including those that are specifically identified in the request for authorization or in the utilization review determination.
- (B) A copy of the adverse determination by the claims administrator notifying the employee and the employee's treating physician that the disputed medical treatment was denied or modified.
- (C) A copy of all information, including correspondence, provided to the employee by the claims administrator concerning the utilization review decision regarding the disputed treatment.
- (D) A copy of any materials the employee or the employee's provider submitted to the claims administrator in support of the request for the disputed medical treatment.
- (E) A copy of any other relevant documents or information used by the claims administrator in determining whether the disputed treatment should have been provided, and any statements by the claims administrator explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.
- (F) The claims administrator's response to any additional issues raised in the employee's application for independent medical review.

Pursuant to California Labor Code Section 4610.5(i), failure to submit all required documents could result in the assessment of administrative penalties up to \$5000.00.



# Non-Certification Recommendation

CLAIM #:

040519008736

INSURED:

Biotelemetry, Inc. / Chubb & Son (WC) - Los

Angeles, CA

DOI:

02/15/2019

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA

CLAIMANT:

Jonathan Shockley

ADJUSTER:

Mario Castro

CORVEL#:

139249073-UMO-51

**Determination Date:** 

2/22/2022

**RFA Received Date:** 

02/14/2022

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-51

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, our Physician Advisor, Alan Mirasol, MD, CA-C51939, TN-49167, TX-P1476, who is board certified in PM&R (Board Certified), was unable to recommend the requested treatment. The non-certification decision was made on 02/22/2022.

THERAPY									
Determination	Type of Therapy	Total # Visits		Body Part	CPT	Effective Date	Termination Date	Facility	Provider
Requested	Acupuncture	6		Neck, Bilateral Hands-Wrists and Elbows.	97813, 97814, 97026, 97124				
Non-Certified	Acupuncture	6		Neck, Bilateral Hands-Wrists and Elbows.	97813, 97814, 97026, 97124	2/22/22	2/22/23		

Guidelines used in the determination process: MTUS-ACOEM. The clinical reasons regarding medical necessity, or lack of medical necessity, for non-certification are attached.

Please note the utilization review process is mandatory and has been done in accordance with California Labor Code §4610. The Medical Treatment Utilization Schedule has been utilized in the determination process, as required in Title 8, California Code of Regulation 9792.6.1.

Any dispute shall be resolved in accordance with the independent medical review provisions of Labor Code section 4610.5 and 4610.6. An objection to the utilization review decision must be communicated by the injured worker, the injured workers representative, or the injured workers attorney on behalf of the injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR, within 30-calendar days of receipt of this decision.

You have the right to disagree with the decision affecting your claim. If you have any question about the information in this notice, please call your adjuster, Mario Castro, at (213) 612-0880. However if you are represented by an attorney, please contact your attorney instead of your adjuster.



For information about the workers' compensation claims process and your rights and obligations, go to <a href="https://www.dwc.ca.gov">www.dwc.ca.gov</a> or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

The appeals process is on a voluntary basis. Should the requesting medical provider wish to appeal the non-certification or modification decision, and/or have additional pertinent medical information which has not previously been submitted for review. You may submit a request for appeal to CorVel Corporation or the claims administrator, You may include any additional clinical information if you have any. This will be reviewed by a different reviewing physician. Requests for appeal need to be sent to CorVel Corporation or the claims administrator within ten (10) days after the receipt of the utilization review decision. A response to your appeal will be rendered within thirty (30) days after receipt of the request. Requests for appeal do not replace the objection process noted above and are voluntary.

In accordance with regulation section 9792.1(e)(5)(K), if the requesting physician wishes to speak to the reviewing physician regarding this determination, you can call (714)385-8500 to arrange an agreed upon scheduled time between the hours of 8:30a.m. to 5:30p.m. Monday through Friday (PST). Should the reviewing physician be unable to speak with you, another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services will be made available.

\*\*For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Sincerely,

Anastasia Skenandore RN, CCM Utilization Management Department

cc:

Office Copy
Mario Castro
Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

#### \*\*NOTE\*\*

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.



# State of California, Division of Workers' Compensation

# APPLICATION FOR INDEPENDENT MEDICAL REVIEW

#### **DWC Form IMR**

# TO REQUEST INDEPENDENT MEDICAL REVIEW:

- 1. Sign and date this application and consent to obtain medical records.
- Mail or fax the application and a copy of the written decision you received that denied or modified the medical treatment requested by your physician to:
   DWC-IMR, c/o Maximus Federal Services, Inc., P.O. Box 138009, Sacramento, CA 95813-8009 FAX # (916) 605-4270
- 3. Mail or fax a copy of the signed application to your Claims Administrator.

Type of Utilization Review: 🛛 Regular 🔲 Expedited	Modification after appeal
Employee Name (First, MI, Last): Jonathan Shockley	
Address: 1000 Sutter St. San Francisco, CA 94109	
Phone Number: (415) 312-4029	Employer: Biotelemetry, Inc.
Claim Number: 040519008736	Date of Injury (MM/DD/YYYY): 02/15/2019
WCIS Jurisdictional Claim Number (if assigned): undetermined	EAMS Case Number : ADJ12031731
Employee Attorney (if known): Farber & Co	
Address: 333 Hegenberger Road #504 Oakland, CA 94621	
Phone Number:	Fax Number:
Requesting Physician Name (First, MI, Last): Babak Jamasbi, I	MD
Practice Name:	Specialty: PAIN MAN
Address: 1335 Stanford Ave. Emeryville, CA 94608	
Phone Number: (510) 647-5101	Fax Number: (510) 647-5105
Claims Administrator Name: Chubb & Son (WC) - Los Angeles	
Adjuster/Contact Name: Mario Castro	
Address: PO Box 30850 Los Angeles, CA 90030 90030	
Phone Number: (213) 612-0880	Fax Number:
Disputed Medical Treatment (Complete below section)	
Primary Diagnosis (Use ICD Code where Practical): M7.832	FF (MET) (CONT)
Date of Utilization Review Determination Letter: 02/22/2022	
Is the Claims Administrator disputing liability for the request	ed medical treatment besides the question of medical
necessity? 🗌 Yes 🔀 No Reason:	
List each specific requested medical services, goods, or items	s that were denied or modified in the space below. Use
additional pages if the space below is insufficient.	
1. Therapy : Acupuncture x 6	
Request for Review and Consent to Obtain Medical Record	
application to the claims administrator named above. I allow my larcords and information relevant for review of the disputed treatmorganization designated by the Administrative Director of the Divergenization designated by the	nent identified on this form to the independent medical review vision of Workers' Compensation. These records may include my case. These records may also include non-medical reports and ding HIV status, unless infection with or exposure to HIV is claimed e below, except as allowed by law. I can end my permission sooner
Employee Signature:	Date:

DWC Form IMR (Effective 2/2014)

#### INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW FORM

If your workers compensation claims administrator sent you a written determination letter that denied or modified a request for medical treatment made by your treating physician, you can request, at no cost to you, an Independent Medical Review (IMR) of the medical treatment request by a physician who is not connected to your claims administrator. If the IMR is decided in your favor, your claims administrator must give you the service or treatment your physician requested.

IF YOU DECIDE NOT TO PARTICIPATE IN THE IMR PROCESS YOU MAY LOSE YOUR RIGHT TO CHALLENGE THE DENIAL, DELAY, OR MODIFICATION OF MEDICAL TREATMENT REFERRED TO ON PAGE ONE OF THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW.

You can request independent medical review by signing and submitting this form with a copy of the written determination letter that denied or modified the medical treatment requested by your physician. You must also send a copy of the signed application to your claims administrator.

- The information on the form was filled in by your claims administrator. If you believe that any of the information is incorrect, submit a separate sheet that provides the correct information.
- If you wish to have your attorney, treating physician, parent, guardian, relative, or other person act on your behalf in filing this application, complete the attached authorized representative designation form and return it with your application. This person may sign the application or you and submit documents on your behalf.
- If the recommended medical treatment that was denied or modified must be provided to you immediately because you are facing an imminent and serious threat to your health and your claims administrator did not perform an expedited or rushed review on your physician's request, this application **must** be submitted with a statement from your physician, supported by medical records, that confirms your condition.
- Mail or fax the application and a copy of the utilization review decision to:

DWC-IMR, c/o Maximus Federal Services, Inc. P.O. Box 138009, Sacramento, CA 95813-8009 FAX Number: (916) 605-4270

- Your IMR application, along with a copy of the written determination letter, must be received by Maximus Federal Services, Inc. within thirty-five (35) days from the mailing date of the written determination letter informing you that the medical treatment requested by your treating physician was denied or modified.
- Send a copy of the signed application to your Claims Administrator. You do not need to include a copy of the written determination letter.

#### Your Right to Provide Information

You have the right to submit either directly or through your treating physician, information to support the requested medical treatment. Such information may include:

- Your treating physician's recommendation that the requested medical treatment is medically necessary for your medical condition.
- Reasonable information and documents showing that the recommended medical treatment is or was medically
  necessary, including all documents or records provided by your treating physician or any additional material you
  believe is relevant.
- Evidence that the medical guidelines relied upon to deny or modify your physicians requested medical treatment does not apply to your condition or is scientifically incorrect.
- If the medical treatment was provided on an urgent care or emergency basis, information or justification that the requested medical treatment was medically necessary for your medical condition.

If you have any questions regarding the IMR process, you can obtain free information from a Division of Workers' Compensation (DWC) information and assistance officer or you can hear recorded information and a list of local offices by calling toll-free I -800-736-7401. You may also go to the DWC website at <a href="https://www.dwc.ca.gov.dwc.form.lMR">www.dwc.ca.gov.dwc.form.lMR</a> (Effective 2/2014)

# Authorized Representative Designation for Independent Medical Review (To accompany the Application for Independent Medical Review, DWC Form IMR)

ompleted by	the Employee:		
nt):			
Print):			
t in connection thorize the ted by the I alf regarding retails to the I wish to be I wish to be I wish to be I wish to be I wishon to be I wi	on with my appeal, and Division of Workers' Convision of Workers' Convision for Inde to be my authorized report Workers' Compense	d to provide medical Compensation, an ompensation to revipendent Medical Representative and that ation or the Independent	al records or other information on my d the Independent Medical Review riew my application, to speak to this view. I understand that I have the right t I may revoke this designation at any endent Medical Review Organization
administrator ependent re- on. These re- cords may al- nt review org- my claims ad	r to furnish medical recoview organization designated med so include med so include med anization designated by ministrators and treati	cords and information gnated by the Adm lical, diagnostic imag I records and any ot y the Administrative ng physicians. My p	on relevant for review of the disputed inistrative Director of the Division of sing reports, and other records related ther information related to my case. I Director to review these records and termission will end one year from the
			Date:
t the Employe	ee, but an individual m	ust be designated to	act on the Employee s behalf.
	egarding my t in connecti thorize the ted by the I alf regarding i that I wish to e Division of ision of Work ating the ab administrato ependent re on. These re- cords may al at review org my claims ad allowed by is	egarding my Application for Indepent in connection with my appeal, and thorize the Division of Workers' ted by the Division of Workers' Conference of the Division of Workers' Conference of Division of Workers' Compensation of Workers' Compensatio	nt):

City:	State:		Zip Code:	
Phone Number:		Fax Number:		
State Bar Number (if applicable):				
Representative Signature:			Date:	
Nepresentative signature.				

DWC Form IMR (Effective 2/2014)



# **Physician Peer Review**

Account No: 636588.1

Requesting Physician: Babak Jamasbi, MD

Patient Name: Jonathan Shockley

DOS: 02/22/2022 DOI: 02/15/2019

Claim No: 040519008736

Reviewing Physician:

Alan Mirasol, MD

PM&R (Board Certified)

CA-C51939, TN-49167, TX-P1476

### REQUESTED PROCEDURE/SERVICE

**DETERMINATION** 

 Acupuncture x 6 for Neck-Bilateral Elbows-Wrists and Hands

**NON-CERTIFY** 

# **TELEPHONE COMMUNICATIONS**

02/18/22 12:45 - Admin called (510) 647-5101 ext 133 and left callback information

to BemBem Z Auth Coordinator's voicemail.

02/22/22 09:45 - Admin called (510) 647-5101 ext 133 and left callback information

to BemBem Z Auth Coordinator's voicemail.

#### MEDICAL RECORDS AND DATA REVIEWED

For the current report, I reviewed the following medical records in their entirety:

02/11/22 Dr. Jamasbi RFA

02/11/22 Dr. Jamasbi Prescription

02/04/22 Dr. Jamasbi Report

**Utilization Review Determination Report** 

REQUESTED SERVICES: Acupuncture x 6 for Neck-Bilateral Elbows-Wrists and Hands [NON-CERTIFY]

#### **CLINICAL HISTORY**

According to the medical records, the patient is a 43-year-old male, an EKG technician, who sustained an industrial injury on February 15, 2019. He has been diagnosed with a cervical disc disorder with radiculopathy, bilateral upper arm soft tissue disorders related to use, overuse and pressure, and lesion of ulnar nerve of unspecified upper limb. His comorbidities include bronchitis, eczema, epilepsy, and anxiety. He is status post sympathectomy in 2000, right Achilles tendon debridement in 2002, and right Achilles tendon debridement in 2003. His previous treatments include medications, physical therapy, acupuncture, massage therapy, hand therapy, and aquatic therapy. He is a non-smoker and does not consume alcohol. The patient is not currently working. However, the patient is placed on modified duty.

The utilization review determination report indicated that the request for 12 sessions of acupuncture for bilateral hands, lower arms, and wrists was certified on March 10, 2020. Also, the request for 12 sessions of acupuncture for bilateral lower arms was certified on June 10, 2020. The request for 6 sessions of physical therapy to neck was certified on March 11, 2021. The request for 6 sessions of hand therapy to bilateral elbows, wrist, hands was certified on March 11, 2021. The request for 6 sessions of each of chiropractic treatment to neck, bilateral elbows/wrist, and hand was certified on March 11, 2021, May 10, 2021, September 2, 2021, and December 7, 2021, total of 24 sessions.

A peer review on December 15, 2020, non-certified the request for Acupuncture x6 for neck, bilateral hands, wrists and forearms. The records indicated that the patient had completed at least 42 sessions of acupuncture. Despite a substantial amount of acupuncture, the patient remained off work nearly 2 years status post injury. The records did not establish significant sustained pain relief or any quantifiable functional improvements associated with previous acupuncture. In addition, IMR recently determined that additional acupuncture for bilateral hands, wrists and forearms was not medically necessary and appropriate. Additional acupuncture was not supported. Therefore, the medical necessity of the request was not established.

Dr. Jamasbi evaluated the patient on February 4, 2022, for persistent bilateral arm pain with pain in his bilateral upper extremities, worse on the right. The pain was described as burning and pulling. It radiated from his hands and wrists up to his elbows and he had pain in his right deltoid region and shoulder. The patient reported pain in his neck that was radiating into bilateral upper extremities, which was associated with numbness and tingling into his right fourth and fifth digits. The pain was worse with activity and better with conservative treatment. Previously, the patient had received acupuncture therapy with benefit, but additional sessions had been denied by IMR although had now expired. The patient had also completed 18/18 sessions of chiropractic therapy with benefit. He noted that these sessions helped to decrease his pain by about 30% and noted some improved tolerance for activity. The patient was approved for 6 more sessions, but only completed 1/6 sessions so far. The patient had also tried physical therapy, but was able to complete only 1-2 sessions before his pain increased. He had discontinued this. The patient continued to use lidocaine cream, Voltaren gel, and Flector patches as topical medications that decreased his pain from 5/10 to 2/10. His current medications included lidocaine 5% ointment, Voltaren 1% gel, Flector 1.3% patch, Advil (OTC), and aspirin EC 81 mg. He denied any side effects with the medications. It was noted an EMG done on February 10, 2020, showed demyelinating ulnar mononeuropathy bilaterally across the elbows, but no evidence of median, radial or cervical radiculopathy on either side.

It was noted that the massage therapy exacerbated his pain previously. The patient was seen

by Dr. Gordon for a surgical consultation on July 22, 2020, although Dr. Gordon did not recommend any surgery. He was also not able to confirm the presence of ulnar neuropathy through physical examination despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG and apparently this report showed ulnar neuropathy. Given that Dr. Gordon did not recommend a surgical intervention, the physician recommended acupuncture. However, this request was denied by IMR. The patient had completed chiropractic therapy with benefit. He was approved for 6 additional therapies, but his usual provider was now out of network. He was hoping to hear back from scheduling agency about alternate options soon. Due to this delay, the physician recommended acupuncture sessions as the denial had now expired. Furthermore, MRI of the cervical spine performed on April 3, 2020, showed a 4 mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as left paracentral disc protrusion at C6-C7. There was also mild central stenosis from C5-C7 noted. Severe bilateral neural foraminal stenosis at C5-C6 might be contributing to right shoulder and deltoid pain. Therefore, the physician recommended a cervical epidural steroid injection, but the patient deferred the injection. It was also noted that the patient had seen Dr. Solsar for his neck and upper extremity symptoms, who did not find the patient to be a surgical candidate as cervical spine surgery would likely not lead to improvement of his upper extremity pain. Additionally, the physician recommended a refill of Voltaren gel, Lidocaine ointment and Flector patch. The patient was permanent and stationary as per Dr. Stoller, QME. However, the patient was placed on modified duty with work restrictions that the patient could perform one hour of computer work in an 8-hour day.

On February 11, 2022, Dr. Jamasbi requested authorization for 6 sessions of acupuncture for Neck-Bilateral Elbows-Wrists and Hands.

#### RECOMMENDATIONS

According to the CA MTUS guidelines, acupuncture is recommended to treat chronic persistent pain. The guidelines note that an initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures and would justify an additional 6 sessions, for a total of 12 sessions. In this case, the records indicate that the patient has undergone multiple prior acupuncture treatments and additional treatment has been noncertified on peer review and upheld on IMR. As per a peer review on December 15, 2020 the patient had completed at least 42 sessions of acupuncture. The records do not establish quantifiable improvement in pain and function obtained from past acupuncture treatments. The patient is not working. Given these reasons, this request for additional acupuncture therapy is not supported. Modalities such as cold or local heat followed by the patient's home exercise program could be utilized as an alternative. Therefore, my recommendation is to NON-CERTIFY the request for Acupuncture x 6 for Neck-Bilateral Elbows-Wrists and Hands.

#### **GUIDELINES / REFERENCES**

GUIDELINES/REFERENCES: ACUPUNCTURE

CA MTUS Treatment Guidelines (December 1, 2017) Chronic Pain Guideline (ACOEM May 15, 2017) Allied Health Interventions Acupuncture for Chronic Persistent Pain Recommended.

Acupuncture is recommended to treat chronic persistent pain. (See other guidelines for specific disorders, especially for low back pain.)

Strength of Evidence - Recommended, Insufficient Evidence (I)

#### Level of Confidence - Low

Indications: Chronic persistent pain, especially torso pain. Patients should have had NSAIDs and/or acetaminophen, stretching and aerobic exercise instituted and have insufficient results. Acupuncture may be considered as a treatment for chronic persistent pain as a limited course during which time there are clear objective and functional goals to be achieved. Consideration is for time-limited use in patients with chronic persistent pain without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises. Acupuncture is only recommended to assist in increasing functional activity levels more rapidly and the primary attention should remain on the conditioning program. In those not involved in a conditioning program, or who are non-compliant with graded increases in activity levels, this intervention is not recommended.

Benefits: Potential to improve pain control and advance functional exercises and conditioning. Harms: Negligible in experienced hands. Pneumothoraces have occurred and puncture of other internal organs has occurred.

Frequency/Dose/Duration: Evidence does not support specific Chinese meridian approaches, as needling the affected area appears sufficient. Patterns used in quality studies ranging from weekly for a month to 20 appointments over 6 months. However, the norm is generally no more than 8 to 12 sessions. An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures and would justify an additional 6 sessions, for a total of 12 sessions.

Indications for Discontinuation: Lack of improvement, lack of compliance with exercises, lack of incremental functional gain at the end of a treatment course, intolerance.

Rationale: There are multiple quality trials of acupuncture for treatment of many disorders, especially of low back pain (see Low Back Disorders Guideline). There are no quality trials evaluating acupuncture for treatment of non-specific chronic persistent pain. (One small study found no differences between sham and classic Chinese acupuncture.[243] There are quality studies evaluating acupuncture for the treatment of chronic pain including chronic neck pain, LBP, osteoarthrosis (especially of the knee), lateral epicondylitis, adhesive capsulitis of the shoulder, and headaches.[133, 244] Many different study designs have been used. These include comparisons with shams that insert needles in non-traditional locations, minimal acupuncture with superficial needling, shams that do not insert needles, and comparisons with non-acupuncture treatments. Some studies have combined the acupuncture with electrical currents, and others have applied electrical currents to acupuncture sites. There is no clear benefit of electroacupuncture over needling. There remain some questions about efficacy of acupuncture, [245, 246] with concerns about biases, e.g., attention and expectation bias, in these study designs. Some, but not all studies, suggest persistence of meaningful benefits beyond the duration of treatment.

The majority of studies have demonstrated that there is no benefit of traditional Chinese acupuncture over other types of acupuncture. The evidence to address that question prominently includes all of the highest quality studies.[247-249] One study that evaluated acupuncture in trigger points found benefit from needling over either traditional acupuncture or acupuncture applied to other sites,[250] but that study has not been replicated. There is similarly a suggestion that superficial needling may be as efficacious as deep needling of muscles,[251] but not all studies have found that result.[252] Thus, aside from having identified that there does not appear to be a benefit from traditional acupuncture over other forms of acupuncture, other aspects of needling need further study. Evidence of benefits from acupuncture is strongest for LBP (see Low Back Disorders). However, there is consistent evidence of benefit for chronic neck pain.[250, 253-255] There are few quality studies evaluating the utility of acupuncture for treatment of tender and trigger points and they tend to have significant design flaws which limit the strength of conclusions. Efficacy of acupuncture for this indication is suggested by the highest quality study.[250]

Acupuncture when performed by experienced professionals is minimally invasive, has minimal

adverse effects, and is moderately costly. Despite significant reservations regarding its true mechanism of action, a limited course of acupuncture may be recommended for treatment of certain specific disorders[244, 256-265] (see other guidelines, including Elbow Disorders and Cervical and Thoracic Spine Disorders). Acupuncture is minimally invasive, has low adverse effects, is moderately costly, appears to have some evidence of efficacy, and is recommended. Evidence: There are no quality studies evaluating acupuncture for the treatment of chronic persistent pain.

CA MTUS Treatment Guidelines (December 1, 2017) Chronic Pain Guideline (ACOEM May 15, 2017) Allied Health Interventions Acupuncture/Electroacupuncture Not Recommended.

Acupuncture or electroacupuncture are not recommended to treat neuropathic pain.

Strength of Evidence – Not Recommended, Evidence (C)

Level of Confidence - Low

Rationale: None of three moderate quality trials evaluating acupuncture of electroacupuncture for treatment of neuropathic pain show efficacy [1210-1212], although one of the 3 studies showed a trend towards efficacy [1212]. Acupuncture is minimally invasive, has minimal adverse effects, is moderately costly, and in the absence of quality evidence of efficacy, is not recommended.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There are moderate-quality studies incorporated into this analysis. There is low-quality evidence listed in Appendix 4.

CA MTUS Treatment Guidelines (December 1, 2017) Chronic Pain Guideline (ACOEM May 15, 2017) Allied Health Interventions

Acupuncture for CRPS No Recommendation.

There is no recommendation for or against acupuncture for treatment of CRPS.

Strength of Evidence - No Recommendation, Insufficient Evidence (I)

Level of Confidence - Low

Rationale: There are no quality trials evaluating acupuncture for treatment of CRPS. (One small

Page 6

Jonathan Shockley

study found no differences between sham and classic Chinese acupuncture.[243]) The majority of quality trials on various chronic pain disorders have demonstrated that there is no benefit of traditional Chinese acupuncture over other types of acupuncture. (see other guidelines, e.g., Low Back, Cervical Spine). Acupuncture when performed by experienced professionals is minimally invasive, has minimal adverse effects, is moderately costly but as it lacks evidence of efficacy for treatment of CRPS, there is no recommendation.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, Cochrane Library, and Google Scholar without date limits using the following terms: Complex regional pain syndrome, reflex dystrophy syndrome, CRPS, controlled clinical trial, controlled trials, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 323 articles in PubMed, 51 in Scopus, 45 in CINAHL, 45 in Cochrane Library, 70 in Google Scholar, and 31 from other sources. We considered for inclusion 128 from PubMed, 0 from Scopus, 0 from CINAHL, 0 from Cochrane Library, 0 from Google Scholar, and 31 from other sources. Of the 159 articles considered for inclusion, 64 randomized trials and 37 systematic studies met the inclusion criteria. There are 18 high- or moderate-quality RCTs on low back pain incorporated into this analysis (see guideline on Low Back Disorders for these studies). There is 1 moderate-quality RCT incorporated into this analysis. There are 6 low-quality RCTs,[252, 373-377] in Appendix 4. Trials enrolling only elderly patients,[378-381] or patients with lower urinary tract symptoms[382] or chronic pancreatitis[383] patients were not included.

#### PHYSICIAN ATTESTATION

- This report has been dictated using Dragon Medical voice recognition software and is therefore subject to transcription variance.
- I attest that I have the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review, and have current relevant experience and/or knowledge to render a determination on this case under review. My license or certification is current and unrestricted. I have at least five years of accumulative full-time equivalent experience providing direct clinical care to patients over the length of my career.
- The opinions expressed in this report are those of this evaluator and were rendered on the basis of documentation provided (outlined above) and are assumed as true and correct to the best of my knowledge except that as indicated was received from others.
- I certify that I have no material, professional, familial, or financial conflict of interest regarding any of the following: the referring entity; the insurance issuer or group health plan that is subject of the review; the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator; plan fiduciary, or plan employee; the healthcare provider, the health care provider's medical group or independent practice association recommending the health care service or treatment that is subject of the review; the facility at which the recommended health care service or treatment would be provided; the developer or manufacture of any principal drug, device, procedure, or other therapy being recommended for the covered person whose treatment is under review, or the alternative therapy, if any, recommended by the employer; the employee or the

employee's immediate family, or the employee's attorney. I do not accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge, I was not involved with the specific episode of care prior to referral of the case for review.

• In the case of an appeal or re-review, I certify that I have identified the name of the physician who conducted the initial review, and that I have no subordinate relationship with that individual.

# **UR Check off List**

ADJ RCVD:

02/14/2022

5 DAY DUE DATE:

02/22/2022 \*2/21 Fed Holiday\*

UR RCVD:

02/16/2022

CLAIM #:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel #:

139249073-UMO-51

CM ASSIGNED

Anastasia Skenandore

Processor:

Amy

Review Type:

Prospective

QA Reviewer:

Diana Cook

Category:

IMR

Jurisdiction:

California

WCIS#:

Date of Injury:

02/15/2019

THERAPY				www.					
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	СРТ	Facility	Provider	Notes
Requested	Acupuncture	6	0	0	Elbow, Hand, Multiple Neck Injury, Wrist	97813, 97814, 97026, 97124			

EMPLOYEE:

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

**INSURER/CARRIER:** 

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

PO Box 30850,

Los Angeles, CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 / (510) 647-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100

San Francisco CA 94105

CASE MANAGER:

-	• •		
Hm	<b>91</b>	add	ress

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From: To: Subject: Perez, Erika

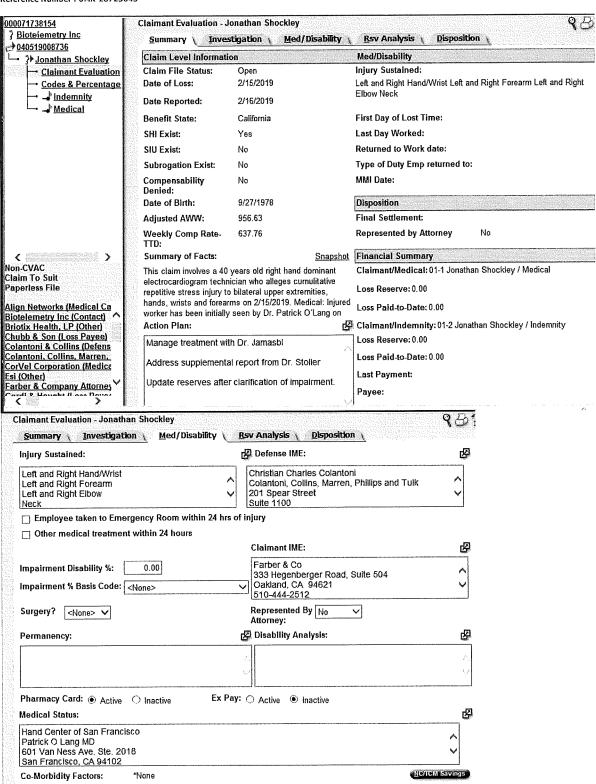
GM-ORCA-UR Referrals

Ibject: FW: Due 2.22 RFA Therapy : 040519008736 Jonathan Shockley

ate: Thursday, February 17, 2022 12:45:42 PM

Attachments: 220212002257928835.pdf |mage002.png

Reference Number: UMR-28723643



Thank you.

Erika Perez | UR Intake Specialist CorVel Corporation | Santa Ana Erika Perez@CorVel.com| www.Corvel.com For status or questions about a referral email urstatus@corvel.com

From: GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>
Sent: Wednesday, February 16, 2022 1:44 PM

To: GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>
Subject: Due 2.22 RFA Therapy : 040519008736 Jonathan Shockley

Reference Number: UMR-28723643

From: Nguyen, Vy <<u>Vv.Nguyen@Chubb.com</u>>
Sent: Monday, February 14, 2022 2:42 PM
To: GM-ORCA-Chubb UR <<u>GM-ORCA-Chubb\_UR@CORVEL.com</u>>
Subject: Due 2.22 RFA Therapy: 040519008736 Jonathan Shockley

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From: Fax2Mail <fax-1841185@reply.fax2mail.com>
Sent: Friday, February 11, 2022 9:23 PM
To: Laourclaimfax Admin <a href="mailto:laourclaimfax@chubb.com">laourclaimfax@chubb.com</a>
Subject: 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: mlago Sender's Caller ID: 18889772986

Date/Time: Sat 12 Feb 2022 12:22:48 AM EST

Number of Pages: 17

From mileon

16899772996

2/11/2022 21:11:19 PST

Page 01 of 17

#### State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWG Form RFA

Attach the Doctor's First Report of Occupational injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrelive report substantiating the requested freatment.

Employee informatic	In (*****	and the second second second second	بعدرة بنسبت	وي والورود والمحال والمراوع و		
Name (Last, First, Mid						
Date of Injury (MM/DE			Date	of Birth (MM/DD/YY	YY): 09/27/1	978
Claim Number: 04051			Emol	over: Biotelemetry,	inc	
		San Arthur Market Congression	and the second	and property and the same of the	-	en de la companyación de la comp
Name: Dr. Jamasbi, i						
Practice Name: PRCN	10		Contac	ct Name: Michelle fe	or Xiena Z	
Address: 1335 Stanfo	rd Ave		City:	Emeryville		State: CA
Zip Code: 94608	Phone: 5	10-647-5101 x133	Fax N	Number: 510-647-51	05	
Specialty: Pain Mana	gement		NPLN	lumber: 1376637198	9	
E-mail Address:						
Cialms Administrato	r Information."	er etae placements second access	*****	2 1 2 2 2 2	· · · · · · · · · · · · · · · · · · ·	bayer is referenced
Company Name:Chul	b Son of Federa	al ins Company	Contr	act Name:Castro, M	ario	
Address: P.O. Box 4:	MEE		City: Phoenix State:AZ			
Modress: P.O. BOX 4	LUDY					
Zip Code: 85080		13-612-5378		Number: 800-664-17	65	
Zip Code: 85080 E-mell Address: Requested:Treatmen List each specific request of the attached medic	Phone: 2 it (see Instruction tested medical sor al report on which	ns for guidance; attac vices, goods, or items the requested treatmer	Fax hed addle in the belot can be	Number: 800-664-17 tional pages if nec ow space or indicate found, Up to five (5)	essary)	page number
Zip Code: 85080 E-meil Addross; Requested Jreatmer List each specific requested in eather and interested in the stacked medic list additional requested (Required) Inviced time dender with anticulopathy, unspecified any leaf and any leaf any leaf and an	Phone: 2  It (see Instruction ested medical sor al report on which on a separate sh  ICD-Code (Required)  A70.832, M70.831, M70.832, M70.821, Z72.839, M80.16,	is for guidance; attac vicas, goods, or items the requested treatmer set if the space below to Service/Good Requ (Required) 6 asssions of acupum the Neck, Bilateral E Bilateral Hands and E	Fax hed addling the below to the below the standing tested below.	Number: 800-664-17 tional pages if nec ow space or indicate found, Up to five (5)	the specific procedures Other (Freque	page number
Zip Code: 85080 E-meil Addross; Requirested: Treatmer List each specific requ of the attached medic list additional requests Diagnosis (Required) envicat disc disorder with misclubpathy, unspectified anylest region block and tissue disorders elated to use, overuse and reasure, right upper arm other soft tissue disorders elated to use, overuse and reasure, right per arm elated to use, overuse and aresure, right forcarm lesten of ulsaue disorders elated to use, overuse and aresure, right forcarm lesten of ulsaue disorders elated to use, lesten disorders elated to use, l	Phone: 2  It (see Instruction ested medical sor al report on which on a separate sh  ICD-Code (Required)  A70.832, M70.831, M70.832, M70.821, Z72.839, M80.16,	osifor guidanes: attac vices, goods, or liams in the requested treatmer est if the space below is Service/Good Requ (Reguired) 6 sessions of scupum the Neck, Bilateral E	Fax hed addling the below to the below the standing tested below.	Number: 800-654-17: Illonal pages If merow space or indicate found. Up to five (5) ant.  CPT/HCPCS Code (if known)  97813, 97814.	the specific procedures Other (Freque	page number may be entere Information: ency, Duration
Zip Code: 85080 E-meil Addross; Requested Treatmer List each specific requ of the attached medic list additional requests  Diagnosis (Required) Cervical disc disorder with multiculopathy, inspectitied	Phone: 2  It (see Instruction ested medical sor al report on which on a separate sh  ICD-Code (Required)  A70.832, M70.831, M70.832, M70.821, Z72.839, M80.16,	is for guidance; attac vicas, goods, or items the requested treatmer set if the space below to Service/Good Requ (Required) 6 asssions of acupum the Neck, Bilateral E Bilateral Hands and E	Fax hed addling the below to the below the standing tested below.	Number: 800-654-17: Illonal pages If merow space or indicate found. Up to five (5) ant.  CPT/HCPCS Code (if known)  97813, 97814.	the specific procedures Other (Freque	page number may be entere Information: ency, Duration
Zip Code: 85080 E-mail Addross; Requested Treatmer List each specific requested its additional requested Diagnosis (Required) Cervical disc disorder with malkeulopathy, unspectified arrived region Diber and tissue disorders related to use, overnise and recasure, right upper arm Diber soft tissue disorders related to use, overnise and arrived region Diber and tissue disorders related to use, overnise and arrived region of tissue disorders related to use, overnise and arrived region of tissue disorders related to use, overnise and arrived region of tissue disorders related to use, overnise and arrived region of tissue disorders related to use, overnise and arrived region of tissue disorders related to use, overnise and arrived region of the region of	Phone: 2  It (see Instruction ested medical sor al report on which on a separate sh  ICD-Code (Required)  A70.832, M70.831, M70.832, M70.821, Z72.839, M80.16,	is for guidance; attac vicas, goods, or items the requested treatmer set if the space below to Service/Good Requ (Required) 6 asssions of acupum the Neck, Bilateral E Bilateral Hands and E	Fax hed addling the below to the below the standard below the for the below	Number: 800-654-17: Illonal pages If merow space or indicate found. Up to five (5) ant.  CPT/HCPCS Code (if known)  97813, 97814.	the specific procedures Other (Freque	page number may be entere Information: ency, Duration

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# State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

■ New Request				☐ Resubmission -	- Change in M	aterial Facts
☐ Check box if reque	Check box if emplest is a written conf	loyee faces an imminent a irmation of a prior oral rec	and se Iuest.	rious threat to his or	r her health	
Employee Information	and the second of the second of the second	Andrew Control of the				wantarah bakak da ka
Name (Last, First, Mic		onathan	<i>00.000.000.</i>			
Date of Injury (MM/DI	)/YYYY): <b>02/15/20</b>	19	Date	of Birth (MM/DD/Y	YYY): 09/27/19	78
Claim Number: 04051	9008736		Emp	loyer: Biotelemetry	, Inc	
Requesting Physicia	ındnformation 🏎	Some file factors of the contributions and	instruture 24	Act and constitutions of a constitution of the	September 1981 September 1981	Navia Verei Siverei Siverei Siverei
Name: Dr. Jamasbi, I						
Practice Name: PRCM			Conta	ct Name: Michelle t	for Xiena Z.	
Address: 1335 Stanfo	rd Ave		City:	Emeryville		State: CA
Zip Code: 94608	<del></del>	10-647-5101 x133	Fax	Number: 510-647-51	105	
Specialty: Pain Mana	gement		NPI I	Number: 137663719	9	
E-mail Address:						
Claims Administrato	The second of th		A PROPERTY.			
Company Name:Chul		I Ins Company		act Name:Castro, M	lario	
Address: P.O. Box 42				Phoenix		State:AZ
Zip Code: 85080	Phone: 21	13-612-5378	Fax I	Number: 800-664-17	65	
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list additional requests	on a separate she	eet if the space below is in	an be Isuffici	iouna. Op to nve (5) ent.	) procedures ir	nay be entered;
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Diagnosis	ICD-Code (Poguired)	Service/Good Request	led	CPT/HCPCS		cy, Duration
(Required)	(Required)	(Required)		Code (If known)		tity, etc.)
Cervical disc disorder with radiculopathy, unspecified	M70.832, M70.831, M70.822, M70.821,	6 sessions of acupunctur		97813, 97814,		
cervical region	Z79.899, M50.10,	the Neck, Bilateral Elbo Bilateral Hands and Bila	-	97026, 97124		
Other soft tissue disorders related to use, overuse and	G56.20, Z99.9	Wrists	lerai			
pressure, right upper arm		7711010				
Other soft tissue disorders related to use, overuse and						
pressure, left upper arm						
Other soft tissue disorders related to use, overuse and						
pressure, right forearm						
Lesion of ulnar nerve,						
unspecified upper limb						
Treatment must be paid ur	der the California O	MFS				
		T. Please call (510) 647-5101	χÜ			

			Date: 02/11/2022 at 09:07 PM(PT)
	Boy MA		
Requesting Physician Signatur			
	ion Review Organization (URO) Res		
☐ Approved ☐ Denied or M☐ Requested treatment has b	odified (See separate decision letter) leen previously denied	□ Delay (See se treatment is disp	parate notification of delay) uted (See separate letter)
Authorization Nurnber (if assign		Date:	
Authorized Agent Name:		Signature:	
Phone:	Fax Number:	E-mail Address:	
Comments:			

18889772986

DWC Form RFA (Effective 2/2014)

Page 1

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169
Nurse Case Manager (if applicable):



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD | Filip Cheng, DO

1335 Standford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

# Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Julia Fellows, PA-C

Encounter Date: Feb 04, 2022

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 43 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

## VISIT TYPE:

#### PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

#### SUBJECTIVE COMPLAINTS:

\*\*\*

Patient is presents for an in person follow up on pain in his arm, bilateral hands and neck.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his

hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient also reports pain in his neck that radiates down into his bilateral upper extremities. He did undergo a MRI of the neck and the patient wanted to discuss the results with a specialist. He was approved to a consult and met with Dr. Slosar on 2/4/21. He is not currently a surgical candidate for the neck. He currently defers injection therapy as well.

Previously, the patient had been attending acupuncture therapy with benefit, but additional sessions have been denied by IMR althought he denial has now expired. He has completed 18/18 sessions of chiropractic therapy with benefit. He notes that these sessions helped to decrease his pain by about 30% and noted some improved tolerance for activity. He was approved for 6 more sessions, but he only completed 1/6 so far. His previous chiropractor was no longer able to accept his insurance and he was referred to another provider. This 1 session did not go well however and he awaits a call back from the scheduling agency regarding another referral.

He also trialed physical therapy but was only able to complete 1-2 sessions before his pain increased. He has discontinued this.

With regard to medication, he continues with Lidocaine crean, voltaren gel & Flector patches as topical medications. These decrease his pain from 5/10 to 2/10 and prevents flare ups. He denies side effects with his medications. He does request for refills today.

Patient inquires about a generic letter to provide to his landlord today. Apparently he is being asked to move out temporarily from his space for renovations. However, he states that due to his upper extremity pain, this is not possible for him to do. He would like the letter to state that he is not capable of moving out.

#### Medical History:

\*\*\*

From mlago

# PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

#### PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.



# Social History:

\*\*\*

#### PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

## Family History:

# \*\*\* FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

# **OBJECTIVE FINDINGS:**

2014 E/M:

# Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed..

#### Orientation:

Patient is alert and oriented x3..

#### Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

#### Gait and Station:

No abnormalities observed...

#### Musculoskeletal - Muscle Tone:

Normal muscle tone without atrophy in right upper extremity.

Normal muscle tone without atrophy in left upper extremity.

Normal muscle tone without atrophy in right lower extremity.

Normal muscle tone without atrophy in left lower extremity..

#### Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

#### **Current Medications:**

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily

- 2. Voltaren 1% Gel Apply 2-3 grams to affected area upt o 4 times daily update sig
- 3. Flector 1.3% Patch Apply 1 patch to affected area 12hours on/off
- 4. Advil (OTC)
- 5. Aspirin Ec 81 Mg Tablet (OTC)

# FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of acupuncture 97813, 97814, 97026, 97124 Neck Elbow Bilateral Elbows Hand Bilateral Hands Wrist Bilateral Wrists.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

# **DIAGNOSIS:**

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70,831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

#### PRESCRIPTION:

# Refill Added:

- 1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00. REF: 1
- 2 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area upt o 4 times daily QTY: 100.00. REF: 1
- 3 Flector 1.3% Patch SIG: Apply 1 patch to affected area 12hours on/off QTY: 30.00. REF: 1

#### TREATMENT PLAN:

\*\*\*

# Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

## Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral

ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presense of ulnar neuropathy through physical exam despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presense of ulnar neuropathy.

- Given that Dr. Gordon does not recommend a surgical intervention, we attempted to submit for acupuncture with a change in material facts. However, this request was denied by IMR. Patient has nearlt completed chiropractic therapy with benefit as described above. He was approved for 6 more but his usual provider is now out of network. He is hoping to hear back from the scheduling agency about alternate options soon. Due to this delay, we will submit once more for acupuncture sessions as the denial has now expired.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. He met with Dr. Solsar to dicuss his neck and upper extremity symptoms. Per this report, Dr. Slosar does not find him to be a surgical canddiate as cervical spine surgery will likely not lead to improvement of his upper extremity pain. The patient understands this.
- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment.
- With regard to medications, Voltaren gel, Lidocaine ointment and Flector patch refilled today. Gabapentin discontinued due to side effects. As mentioned above, the patient has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had a abnormal TSH shortly after discontinuing gabapentin and he believe that he medication is responsible for the abnormal level. Since the patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving.
- -Patient currently defers the Functional Restoration Program.
- -Patient saw Dr. Stoller again on 3/11/21 and we finally received this report. Per Dr. Stoller, the patient is permanent and stationary with 20% WPI and permanent disability. He did provision for future medical care as well. As patient currently defers FRP or further invasive care, we agree that he is MMI and have updated this below.
- -We provided him with a generic letter for his landlord.

Follow up in 4-6 weeks.

# **WORK STATUS:**

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The patient is permanent and stationary per Dr. Stoller QME DOS 3/11/21.

#### TIME SPENT:

For this visit the total time the provider spent for the encounter is the most appropriate determinate of the level of service. The time reported includes the direct face to face time with patient and the total time spent 30 minutes.

This includes: counseling and educating the patient, family or caregiver, documenting clinical information in the electronic health record ordering medications, tests or procedures To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

- (1) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:
- (4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified



case under review.

- (g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.
- (4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".
- (5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training

in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. \*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

#### JUSTIFICATION:

Acupuncture - Cervical Spine: The following has been recommended regarding Acupuncture for the neck in the MTUS/ACOEM guidelines:

Acupuncture is based in part on the theory that many diseases are manifestations of an imbalance between yin and yang, as reflected by disruption of normal vital energy flow (qi) in specific locations, referred to as meridians. Needling along one of the 361 classical acupuncture points on these meridians is believed to restore balance. This stimulation is classically done with thin, solid, metallic needles, which are frequently manipulated (or turned) manually or stimulated electrically (electroacupuncture). In addition to needling, acupuncture frequently involves moxibustion and cupping. Besides traditional Chinese acupuncture, there are many other types of acupuncture that have arisen, including accessing non-traditional acupuncture points. (544, 554, 877-880)

Acupuncture for Chronic Cervicothoracic Pain

Recommended. Acupuncture is recommended for select use in chronic cervicothoracic pain with or without radicular symptoms as an adjunct to facilitate more effective treatments.

Strength of Evidence - Recommended, Evidence (C)

Level of Confidence - Low

Indications: As an adjunct treatment option for chronic cervicothoracic pain as a limited course during which time there are clear objective and functional goals that are to be achieved. Considerations include time-limited use in chronic cervicothoracic pain patients without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises. Acupuncture is recommended to assist in increasing functional activity levels more rapidly, and, if it is recommended, the primary attention should remain on the conditioning program. In those not involved in a conditioning program, or who are non-compliant with graded increases in activity levels, this intervention is not recommended.

Benefits: Modest reduction in pain.

Harms: Rare needling of deep tissue, such as artery, lung, etc. and resultant complications. Use of acupuncture may theoretically increase reliance on passive modality(ies) for chronic pain.

Frequency/Dose/Duration: Different frequencies and numbers of treatments used in quality studies ranged from weekly for 1 month to 20 appointments over 3 months. Usual program is 10 sessions over 3 to 4 weeks.(881) An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of acrobic and strengthening exercises. Future appointments should be tied to improvements in objective measures to justify an additional 6 sessions, for a total of 12 sessions.

Indications for Discontinuation: Resolution, intolerance, or non-compliance including non-compliance with aerobic and strengthening exercises.

Acupuncture for Acute or Subacute Cervicothoracic Pain

Not Recommended. Routine use of acupuncture is not recommended for treatment of acute or subacute cervicothoracic pain or for acute radicular pain.

Strength of Evidence - Not Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Rationale: There are quality studies evaluating the utility of acupuncture for treatment of chronic cervicothoracic pain, although they conflict to some extent regarding whether it is efficacious and which type of acupuncture to perform. (679, 882-884) One issue is the benefit of acupuncture versus electroacupuncture. A moderate-quality study showed that electroacupuncture was more effective than acupuncture alone. (885) Quality trials compared to sham demonstrated a short term improvement in range of motion and pain(882, 883, 886) and one of these moderate quality trials showed acupuncture was associated with improvements in pain-related activity, sleep, anxiety, depression, and satisfaction with life.(881) Trials comparing acupuncture with no treatment have shown a decrease in pain of up to 40% over baseline after 12 weeks.(887) The highest scored study (see evidence table) showed improvement in motion-related pain 1 hour after acupuncture above that seen for dry needling and sham acupuncture. (882) Benefits beyond the duration of treatment of up to 3 years have been suggested. (881) However, studies generally fail to control for attention bias, and also suggest that needling in locations other than traditional acupuncture points can provide equal benefit, (881, 888, 889) which leads to questions regarding whether it is the needling rather than the acupuncture that was beneficial. Other quality trials have compared acupuncture with physiotherapy and medications and other treatments, with some failing to find differences in outcomes. A moderate-quality study of acupoint electrical stimulation did not find improvement in patients with variable duration of pain ranging from acute to chronic. (890) Other studies found less of an effect or no effect, when compared to other treatments and placebo. (679, 886, 891) One moderate-quality study looked at acupuncture compared to sham acupuncture; both treatment groups improved without a significant difference between the two up to 16 weeks after intervention.(884)

There is no high quality evidence for treatment of acute cervicothoracic pain, radicular pain syndromes, or other cervical pain-related conditions. Acupuncture would not be expected to improve on the history of acute cervicothoracic pain treated with more effective treatments

reviewed elsewhere.

Despite reservations regarding its true mechanism of action, the overall presence of quality trials demonstrating superiority of acupuncture to sham acupuncture provides quality evidence of efficacy, although the magnitude of benefits is modest and the treatment is passive. Acupuncture is minimally invasive, has relatively low adverse effects in experienced hands, and is moderate cost depending on numbers of treatments.

Evidence: There are 5 high-quality RCTs (679, 882-885) and 42 moderate-quality RCTs or crossover trials (568, 585, 675, 681, 848, 862, 881, 886-920) incorporated into this analysis. There are 5 low-quality RCTs in Appendix 1.(677, 921-924)

A comprehensive literature search was conducted using multiple search engines including PubMed, Scopus, CINAHL and Cochrane Library without date limits using the following terms: acupuncture, acupotomy, electroacupuncture, acupressure, acupuncture therapy, warm needling, dry needling, needling, de-qi, warm, dry, pressure, electric current, needle, pressure needling, cervicalgia, neck, cervical, vertebrae, vertebral, spine, radiculopathy, radiculopathies, radicular, pain, intervertebral disc displacement, herniated, herniat\*, displacement, displaced, disc, disc, discs, disks, neck pain, radicular pain, controlled clinical trial, controlled trials, randomized controlled trials, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review. In PubMed we found and reviewed 223 articles, and considered 49 for inclusion. In Scopus, we found and reviewed 42 articles, and considered 8 for inclusion. In CINAHL, we found and reviewed 8 articles, and considered 2 for inclusion. In Cochrane Library, we found and reviewed 14 articles, and considered 1 for inclusion. We also considered for inclusion 17 articles from other sources. Of the 77 articles considered for inclusion, 51 randomized trials and 21 systematic studies met the inclusion criteria.

Acupuncture - Hand, Wrist, Forearm: The following has been recommended by the MTUS/ACOEM Guidelines regarding Acupuncture

### Acupuncture

Acupuncture has been used to treat CTS and other hand, wrist, and forearm MSDs. (790, 791) There is evidence of its efficacy for treatment of chronic spine disorders, although the evidence suggests traditional acupuncture is not superior to other acupuncture methods (see Chronic Pain and Low Back Disorders Guidelines).

Acupuncture for Acute, Subacute, or Chronic CTS

Not Recommended. Acupuncture is not recommended for treatment of acute, subacute, or chronic CTS.

Strength of Evidence – Not Recommended, Evidence (C) Level of Confidence – Low

Rationale: There are quality trials of acupuncture compared with placebo or sham acupuncture and they have failed to show benefit of acupuncture for treatment of CTS.(792) One trial found no differences between acupuncture and oral steroid.(793, 794) Another trial susceptible to

contact time bias found minimal differences between acupuncture and nocturnal wrist splinting. (781) Thus, the highest quality evidence suggests acupuncture is ineffective for treatment of CTS and acupuncture is not recommended.

Evidence: There are 4 moderate-quality RCTs incorporated into this analysis. (781, 792-794) There are 3 low-quality RCTs in Appendix 2. (795-797)

A comprehensive literature search was conducted using PubMed, Scopus, CINAHL and Cochrane Library without date limits using the following terms: Acupuncture, Acupuncture Therapy, carpal tunnel syndrome, CTS, median nerve neuropathy, median neuropathy, median nerve disease, entrapment, neuropathy, nerve compression, burning, itching, numbness, tingling, wrist, hand, palm, finger, pain, controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, randomized controlled trials, randomized, randomization, randomly; systematic, systematic review, retrospective studies, and prospective studies. We found and reviewed 40 articles in PubMed, 411 in Scopus, 83 in CINAHL, 46 in Cochrane Library and 0 in other sources. We considered for inclusion 7 from PubMed, 2 from Scopus, 0 from CINAHL, 0 from Cochrane Library and 0 from other sources. Of the 9 articles considered for inclusion, 8 randomized trials and 2 systematic studies met the inclusion criteria.

**Diclofenac cream:** The following has been recommended regarding Diclofenac in the MTUS/ACOEM guidelines

Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located Recommended.

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

**Lidoderm Patch:** The following has been recommended regarding Lidoderm Patch in the MTUS/ACOEM guidelines

Lidocaine Patches for Neuropathic Pain Moderately Recommended.

Lidocaine patches are moderately recommended for treatment of postherpetic neuralgia when there is localized pain amenable to topical treatment.

Strength of Evidence Moderately Recommended, Evidence (B)

Level of Confidence - Moderate

Indications: Moderate to severe peripheral neuropathic pain that includes superficial pain generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic neuropathies with superficial pain generation [1190-1192]. One quality trial [1193] evaluated treatment of CTS with pain as a central complaint when other treatable causes of the pain have been eliminated and after more efficacious treatment strategies, such as splinting and glucocorticosteroid injection(s), have been attempted.

Benefits: Modest improvements in pain

Harms: Dermal irritation and intolerance; may have adverse systemic effects if widespread applications of numerous patches

Frequency/Dose/Duration: Lidocaine patch 5%, up to 4 patches applied up to 12 hrs/day. Duration of use may be ongoing for chronic, localized pain, although most patients do not require indefinite treatment. Caution is warranted regarding widespread use of topical anesthetics for potential systemic effects from widespread administration.[221] Topical 5% lidocaine medicated plaster has also been used [1194-1197], as well as lidocaine spray [1198]

Indications for Discontinuation: Resolution, intolerance, adverse effects, lack of benefits, or failure to progress over a trial of at least 2 weeks.

Rationale: Lidocaine patches have been reportedly effective for treatment of localize peripheral neuropathic pain [1190-1192]. Topical lidocaine has been suggested to improve pain associated with CTS and appears to be somewhat more effective than naproxen.[222] This provides some basis for a consensus recommendation for treatment of peripheral neuropathic pain. Lidocaine

patches are not invasive, generally have a low adverse effect profile, are moderately costly, have some evidence of efficacy for treatment of carpal tunnel syndrome and thus are recommended for treatment of peripheral neuropathic pain. It is not recommended for central neuropathic pain.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is one high-quality study and moderate-quality studies incorporated into this analysis.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

# Followup:

6 Week(s)

CC:

Kweller, Esq., Zachary: 02/11/2022

Castro, Mario: 02/11/2022 UR, Chubb: 02/11/2022

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 02/10/2022



# Pain and Rehabilitative Consultants Medical Group

# 1335 Stanford Avenue

Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105 09/27/1978

Jonathan Shockley Name 1000 Sutter St Room 123 San Francisco, CA 94109 Address M70.832 Other soft tissue disorders related to use,  $^{
m R}$  6 sessions of acupuncture for the Neck, overuse and pressure, left forearm overuse and pressure, right forearm

Bilateral Elbows, Bilateral Hands and **Bilateral Wrists** 

M70.831 Other soft tissue disorders related to use, M70.822 Other soft tissue disorders related to use. overuse and pressure, left upper arm M70.821 Other soft tissue disorders related to use. overuse and pressure, right upper arm M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region mb

	G56.20	Lesion of ulnar nerve, unspecified upper li
Refill	Bof Ma	➤ ☐ Do Not Substitute M.D.
☐ Mark Phillips, P.A.  DEA#: MP0998558 / LIC#: PA17702  ☐ Babak Jamasbi, M.D.  DEA#: BJ2563345 / LIC#: G70042  DEA#: XJ2563345  ☐ Timothy Lo, M.D.  DEA#: FL0167901 / LIC#: A92580  DEA#: XL0167901  ☐ Brendan Morley, M.D.  DEA#: BM3191133 / LIC#: G74102  DEA#: XM3191133	☐ Arzbang Zereshki, M.D.  DEA#: FZ3404477 / LIC#: A119704 ☐ Neil K. Kamdar, M.D.  DEA#: FK5223172 / LIC#: A144608 ☐ John W. Alchemy, M.D.  DEA#: BP4661369 / LIC#: A55085 ☐ Filip F. Cheng, D.O.  DEA#: FC9695353 / LIC#: 20A18435 ☐ Susie Paik, P.AC  DEA#: MP1537856 / LIC#: PA19005	☐ Donny J. Cho, P.AC DEA#: MC2432386 / LIC#: PA21642 ☐ Julia M. Fellows, P.AC DEA#: MF4602288 / LIC#: 55158 ☐ Giulia Ferrara, P.A. DEA#: MF5991597 / LIC#: PA58278 ☐ Binwant Singh, FNP DEA#: MS5900623 / LIC#: 95014435

# **UR Check off List**

ADJ RCVD:

12/01/2021

5 DAY DUE DATE:

12/08/2021

UR RCVD:

12/02/2021

CLAIM #:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel #:

139249073-UMO-50

CM ASSIGNED

Ann Collier

Processor:

Crystal

Review Type:

Prospective

QA Reviewer:

Pay Ly

Category:

IMR

Jurisdiction:

California

WCIS#:

N/A

Date of Injury:

02/15/2019

THERAPY				IMMTTTIN .					
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	СРТ	Facility	Provider	Notes
Requested	Chiro	6	0	0	Elbow, Hand, Lower Arm, Soft Tissue- Neck, Wrist	98941, 97140, g0283, 97012			

EMPLOYEE:

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

**INSURER/CARRIER:** 

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

PO Box 30850,

Los Angeles,CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 / (510) 647-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100

San Francisco CA 94105

CASE MANAGER:

Email	address:
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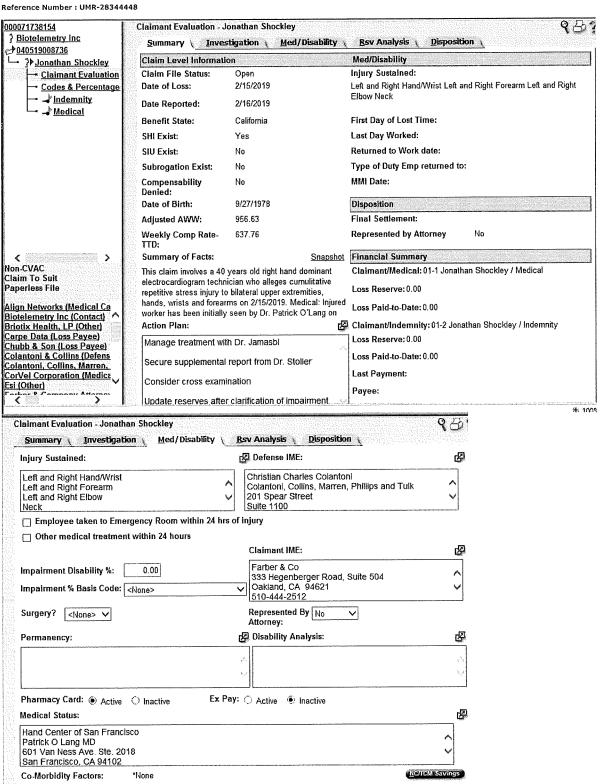
Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From: Subject: Perez, Frika

GM-ORCA-UR Referrals
FW: DUE 12.8 RFA Therapy / 040519008736 Jonathan Shockley

Monday, December 6, 2021 2:21:28 PM

Attachments: 211201130110041696.pdf image002.png image003.png



Thank you.

Erika Perez | Adminstrative Assistant CorVel Corporation | Santa Ana Erika Perez@CorVel.com | www.Corvel.com For status or questions about a referral email urstatus@corvel.com

From: Rodriguez, Crystal < Crystal \_Rodriguez@Corvel.com> Sent: Thursday, December 2, 2021 2:01 PM To: GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com> Subject: FW: DUE 12.8 RFA Therapy / 040519008736 Jonathan Shockley

Reference Number: UMR-28344448

Crystal Rodriguez | Administrative Assistant CorVel Corporation | Santa Ana Crystal\_Rodriguez@CorVel.com|www.Corvel.com For status or questions about a referral email urstatus@corvel.com

From: Ventura, Maria < Maria Ventura 2@Chubb.com>

Sent: Thursday, December 2, 2021 10:18 AM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb\_UR@CORVEL.com> Subject: DUE 12.8 RFA Therapy / 040519008736 Jonathan Shockley

WARNING: This email originated from someone outside Corvel, Ceris or Symboo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is:  $\underline{Maria. Ventura 2@Chubb.com}$ 

From: Fax2Mail <fax-1841185@reply.fax2mail.com> Sent: Wednesday, December 1, 2021 10:02 AM To: Laourclaimfax Admin < laourclaimfax@chubb.com> Subject: 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: mlago Sender's Caller ID: 18889772986

December 1, 2021 01:01:58 PM EST

Number of Pages: 13

From mlag

18889772986

12/1/2021 09:53:08 PST

Page 01 of 13

# State of California, Division of Workers' Componention REQUEST FOR AUTHORIZATION DWG Form RFA

Atlach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantialing the requested treatment.

			oyee faces an imminent a mation of a prior oral roo	nd serie	Resubmission – Cous threat to his or h		vial Facts	
Employee Informatio	n.	77,224			11 To 12 To			
Name (Last, First, Mid	die): St	rockley, Jo	onathan	1.1				
Date of Injury (MM/DD	MYYY)	. 02/15/201	9	Date	of Birth (MM/DD/YY	YY): 09/27/19	78	
Claim Number: 040515				Empl	oyer: Biotelemetry,	Inc		
Requesting Physician	n Infon	mation	A STATE OF THE PARTY OF THE PAR					
Name: Dr. Jamasbi, E	abak J	J,						
Practice Name: PRCM	G			Contac	t Name: Michelle f	or Xiena Z.		
Address: 1335 Stanfo	nd Ave				Emeryville		State: CA	
Zip Code: 94608		Phone: 51	10-647-5101 x133	Fax	lumber: 510-647-51	05		
Specially: Pain Manag	joment		***	NPIN	lumber: 137663719	9		
E-mail Address:								
Claims Administrator	Inform	nation —	and the section of the section of the section of		anga kananan d <del>alah</del> Manania	***		
Company Name:Chub	b Son	of Federa	l ins Company	Conte	act Name:Castro. W	ario		
Address: P.O. Box 42	065				Phoenix		State:AZ	
Zip Code: 85080	rip Code: 85080 Phone: 213-612-5378			Fax Number: 800-664-1765				
E-mail Address:								
Requested Treatmen	t'(seci	nstrüction	is for guldance; attache	d addit	ional pages if neco	issary)	and the factor of the same	
of the atlached medica	on a su	d on which	vices, goods, or ilems in the requested treatment set if the space below is in Service/Good Reques (Required)	can be sufficie	found. Up to five (5 int.  CPT/HCPCS  Code (If known)	) procedures i Other (Freque	nay be entered; Information: ncy, Duration ntity, etc.)	
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Treatment must be paid on	denthal	California O	MEG		L	L		
			[. Piesse call (510) 647-5101 1	ďΩ				

This email (including any attachments) is intended for the designated recipient(s) only, and may be confidential, non-public, proprietary, and/or protected by the attorney-client or other privilege. Unauthorized reading, distribution, copying or other use of this communication is prohibited and may be unlawful. Receipt by anyone other than the intended recipient(s) should not be deemed a waiver of any privilege or protection. If you are not the intended recipient or if you believe that you have received this email in error, please notify the sender immediately and delete all copies from your computer system without reading, saving, printing, forwarding or using it in any manner. Although it has been checked for viruses and other malicious software ("malware"), we do not warrant, represent or guarantee in any way that this communication is free of malware or potentially damaging defects. All liability for any actual or alleged loss, damage, or injury arising out of or resulting in any way from the receipt, opening or use of this email is expressly disclaimed.

■ New Request



☐ Resubmission – Change in Material Facts

# State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

of Birth (MM/DD/YY yer: Biotelemetry, t Name: Michelle I imeryville umber: 510-647-51 umber: 137663719	for Xiena Z.  State: CA
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CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
98941, 97140, G0283, 97012	
_	98941, 97140,

18889772986

12/1/2021 09:53:08 PST

Page 02 of 13 04/08/2022 Pacific Workers'

	Bost	Date: 12/01/2021 at 09:48 AM(PT)
Requesting Physician Sig		URO):Response
☐ Approved ☐ Denied	or Modified (See separate decisi	on letter)   Delay (See separate notification of delay) iability for treatment is disputed (See separate letter)
Authorization Number (if	<u> </u>	Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169
Nurse Case Manager (if applicable):



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD | Filip Cheng, DO

1335 Standford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

### Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Julia Fellows, PA-C

Encounter Date: Nov 23, 2021

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 43 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

### VISIT TYPE:

### PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

### SUBJECTIVE COMPLAINTS:

\*\*\*

From mlago

Patient is presents via Facetime to follow up on pain in his arm, bilateral hands and neck.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient also reports pain in his neck that radiates down into his bilateral upper extremities. He did undergo a MRI of the neck and the patient wanted to discuss the results with a specialist. He was approved to a consult and met with Dr. Slosar on 2/4/21. He is not currently a surgical candidate for the neck. He currently defers injection therapy as well.

Previously, the patient had been attending acupuncture therapy with benefit, but additional sessions have been denied by IMR. He has completed 17/18 sessions of chiropractic therapy with benefit. He notes that these sessions helped to decrease his pain by about 30% and noted some improved tolerance for activity. He would like to continue if possible. He also trialed physical therapy but was only able to complete 1-2 sessions before his pain increased. He has discontinued this.

With regard to medication, he continues with Lidocaine crean, voltaren gel & Flector patches as topical medications. These decrease his pain from 5/10 to 2/10 and prevents flare ups. He denies side effects with his medications. He does request for refills today.

Patient reports seeing his QME in March 2021 and we have this report for review today.

### Medical History:

\*\*\*

### PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2, Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

### PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.



# Social History:

\*\*\*

### PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

# Family History:

### \*\*\* FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

### **OBJECTIVE FINDINGS:**

2014 E/M:

### Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed..

### Orientation:

Patient is alert and oriented x3...

### Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

### **Current Medications:**

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply 2-3 grams to affected area upt o 4 times daily update sig
- 3. Flector 1.3% Patch Apply 1 patch to affected area 12hours on/off
- 4. Advil (OTC)
- 5. Aspirin Ec 81 Mg Tablet (OTC)

## FORMAL REQUEST FOR AUTHORIZATION:

and 6 sessions of Chiropractic Treatment 98941, 97140, G0283, 97012. Neck, bilateral elbows, forearms, wrists and hands.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

### **DIAGNOSIS:**

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

### PRESCRIPTION:

### Refill Added:

- 1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY:
- 2 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area upt o 4 times daily QTY: 100.00. REF: 1
- 3 Flector 1.3% Patch SIG: Apply 1 patch to affected area 12hours on/off QTY: 30.00. REF: 1

### TREATMENT PLAN:

\*\*\*

### Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyclinating ulnar mononcuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

### Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presense of ulnar neuropathy through physical exam despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presense of ulnar neuropathy.
- Given that Dr. Gordon does not recommend a surgical intervention, we attempted to submit for acupuncture with a change in material facts. However, this request was denied by IMR. Patient has nearlt completed chiropractic therapy with benefit as described above. We will submit for 6 more today.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left

paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. He met with Dr. Solsar to dicuss his neck and upper extremity symptoms. Per this report, Dr. Slosar does not find him to be a surgical canddiate as cervical spine surgery will likely not lead to improvement of his upper extremity pain. The patient understands this.

- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment.
- With regard to medications, Voltaren gel, Lidocaine ointment and Flector patch refilled today. Gabapentin discontinued due to side effects. As mentioned above, the patient has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had a abnormal TSH shortly after discontinuing gabapentin and he believe that he medication is responsible for the abnormal level. Since the patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving.
- -Patient currently defers the Functional Restoration Program.
- -Patient saw Dr. Stoller again on 3/11/21 and we finally received this report. Per Dr. Stoller, the patient is permanent and stationary with 20% WPI and permanent disability. He did provision for future medical care as well. As patient currently defers FRP or further invasive care, we agree that he is MMI and have updated this below.

Follow up in 4-6 weeks.

### WORK STATUS:

The patient is permanent and stationary per Dr. Stoller QME DOS 3/11/21.

### TIME SPENT:

For this visit the total time the provider spent for the encounter is the most appropriate determinate of the level of service. The time reported includes the direct face to face time with patient and the total time spent 20 minutes.

This includes: counseling and educating the patient, family or caregiver, documenting clinical information in the electronic health record ordering medications, tests or procedures To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical

treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

- (f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:
- (4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.
- (g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.
- (4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".
- (5) If the employer, insurer, or other entity cannot make a

decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve. modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. \*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

### JUSTIFICATION:

Diclofenac cream: The following has been recommended regarding Diclofenac in the MTUS/ACOEM guidelines

Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located Recommended.

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Lidoderm Patch: The following has been recommended regarding Lidoderm Patch in the MTUS/ACOEM guidelines

Lidocaine Patches for Neuropathic Pain Moderately Recommended.

Lidocaine patches are moderately recommended for treatment of postherpetic neuralgia when there is localized pain amenable to topical treatment.

Strength of Evidence - Moderately Recommended, Evidence (B)

Level of Confidence - Moderate

Indications: Moderate to severe peripheral neuropathic pain that includes superficial pain generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic neuropathies with superficial pain generation [1190-1192]. One quality trial [1193] evaluated treatment of CTS with pain as a central complaint when other treatable causes of the pain have been eliminated and after more efficacious treatment strategies, such as splinting and

glucocorticosteroid injection(s), have been attempted.

Benefits: Modest improvements in pain

Harms: Dermal irritation and intolerance; may have adverse systemic effects if widespread applications of numerous patches

Frequency/Dose/Duration: Lidocaine patch 5%, up to 4 patches applied up to 12 hrs/day. Duration of use may be ongoing for chronic, localized pain, although most patients do not require indefinite treatment. Caution is warranted regarding widespread use of topical anesthetics for potential systemic effects from widespread administration.[221] Topical 5% lidocaine medicated plaster has also been used [1194-1197], as well as lidocaine spray [1198]

Indications for Discontinuation: Resolution, intolerance, adverse effects, lack of benefits, or failure to progress over a trial of at least 2 weeks.

Rationale: Lidocaine patches have been reportedly effective for treatment of localize peripheral neuropathic pain [1190-1192]. Topical lidocaine has been suggested to improve pain associated with CTS and appears to be somewhat more effective than naproxen.[222] This provides some basis for a consensus recommendation for treatment of peripheral neuropathic pain. Lidocaine patches are not invasive, generally have a low adverse effect profile, are moderately costly, have some evidence of efficacy for treatment of carpal tunnel syndrome and thus are recommended for treatment of peripheral neuropathic pain. It is not recommended for central neuropathic pain.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria, A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is one high-quality study and moderate-quality studies incorporated into this analysis.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating

physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

## CC:

From mlago

Kweller, Esq., Zachary: 12/01/2021

Castro, Mario : 12/01/2021 UR, Chubb : 12/01/2021

Kweller, Esq., Zachary: 11/24/2021

Castro, Mario: 11/24/2021

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 11/24/2021

# Pain and Rehabilitative Consultants Medical Group

# 1335 Stanford Avenue

Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105 Jonathan Shockley 09/27/1978 Name

1000 Sutter St Room 123

San Francisco, CA 94109

6 sessions of Chiropractic Treatment for the Neck, bilateral elbows, forearms, wrists and

hands.

DEA#: BM3191133 / LIC#: G74102

DEA#: XM3191133

Address

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm M70.831 Other soft tissue disorders related to use. overuse and pressure, right forearm M70.822 Other soft tissue disorders related to use. overuse and pressure, left upper arm M70.821 Other soft tissue disorders related to use. overuse and pressure, right upper arm M50.10 Cervical disc disorder with radiculopathy. unspecified cervical region G56.20 Lesion of ulnar nerve, unspecified upper limb

Refill Do Not Substitute M.D. ☐ Mark Phillips, P.A. ☐ Arzhang Zereshki, M.D. Donny J. Cho, P.A.-C DEA#: MP0998558 / LIC#: PA17702 DEA#: FZ3404477 / LIC#: A119704 DEA#: MC2432386 / LIC#: PA21642 Babak Jamasbi, M.D. Neil K. Kamdar, M.D. Julia M. Fellows, P.A.-C DEA#: BJ2563345/LIC#: G70042 DEA#; FK5223172 / LIC#: A 144608 DEA#: MF4602288 / LIC#: 55158 DEA#: XJ2563345 ☐ John W. Alchemy, M.D. Giulia Ferrara, P.A. ☐ Timothy Lo, M.D. DEA#: BP4661369 / LIC#: A55085 DEA#: MF5991597 / LIC#: PA58278 DEA#: FL0167901 / LIC#: A92580 Filip F. Cheng, D.O. ☐ Binwant Singh, FNP DEA#: XL0167901 DEA#: FC9695353 / LIC#: 20A18435 DEA#: MS5900623 / LIC#: 95014435 Brendan Morley, M.D.

DEA#: MP1537856/LIC#: PA19005

Susie Paik, P.A.-C

# **UR Check off List**

ADJ RCVD:

11/24/2021

5 DAY DUE DATE:

12/02/2021\*\*Fed Holiday

UR RCVD:

11/30/2021

CLAIM #:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel #:

139249073-UMO-49

CM ASSIGNED

Ann Collier

Processor:

Crystal

Review Type:

Prospective

QA Reviewer:

Pay Ly

Category:

IMR

Jurisdiction:

California

WCIS#:

N/A

Date of Injury:

02/15/2019

MEDICATION	7							
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Lidocaine	5% #60	1	No			
Requested		Voltaren gel	1% #100	1	No			
Requested		Flector Patch	1.3% #30	1	No			

EMPLOYEE:

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

PO Box 30850,

Los Angeles,CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 / (510) 647-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100

San Francisco CA 94105

CASE MANAGER:

Email	address:
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Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From:

Subject: Date:

<u>DIPINO. Amv</u> <u>GM-ORCA-UR Referrals</u> DUE 12.2 RFA Medication / 040519008736 Jonathan Shockley Thursday, December 2, 2021 9:24:30 AM

Attach

2, 201 211124171396051568.pdf image001.png image003.png image004.png image005.png

From: Vega, Elena <Elena\_Vega@CORVEL.com> Sent: Thursday, December 02, 2021 9:07 AM To: DiPillo, Amy <Amy\_DiPillo@Corvel.com>

Subject: FW: \*\*\*ASSIGN TO ELENA- BODY PARTS\*\*\*DUE 12.2 RFA Medication / 040519008736 Jonathan Shockley

OK to review, meds are for accepted bilateral upper extremities.

Elena Vega | Utilization Review Nurse Supervisor

CorVel Corporation | Santa Ana P 714.385.8531 | F 866.448.4076 Elena\_Vega@corvel.com | www.corvel.com

For status or questions about a referral, please email urstatus@corvel.com



Did someone in Utilization Review or another team go above and beyond? Submit an ACEIT (corvel.com) to let them know you appreciate their efforts!

From: DiPillo, Amy < Amy\_DiPillo@Corvel.com> Sent: Wednesday, December 1, 2021 3:46 PM To: Vega, Elena < Elena Vega@CORVEL.com>

Subject: FW: \*\*\*ASSIGN TO ELENA- BODY PARTS\*\*\*DUE 12.2 RFA Medication / 040519008736 Jonathan Shockley

From: Rodriguez, Crystal < Crystal Rodriguez@Corvel.com>

Sent: Wednesday, December 01, 2021 3:46 PM To: DiPillo, Amy < Amy DiPillo@Corvel.com>

Subject: FW: \*\*\*ASSIGN TO ELENA- BODY PARTS\*\*\*DUE 12.2 RFA Medication / 040519008736 Jonathan Shockley

#### Reference Number: UMR-28335098

040519008736

)00071738154 } Biotelemetry Inc → 040519008736	Claimant Evaluation - J Summary \ Inves	onathan Shockley stigation 、 <u>M</u> ed/Disability 、	Rsv Analysis \ Disposition \
→ 3 Jonathan Shockley	Claim Level Informati	on	Med/Disability
Claimant Evaluation     Codes & Percentage     Indemnity     Medical	Claim File Status: Date of Loss: Date Reported:	Open 2/15/2019 2/16/2019	Injury Sustained: Left and Right Hand/Wrist Left and Right Forearm Left and Right Elbow Neck
<u>Medical</u>	Benefit State:	California	First Day of Lost Time:
	SHI Exist:	Yes	Last Day Worked:
	SIU Exist:	No	Returned to Work date:
	Subrogation Exist:	No	Type of Duty Emp returned to:
	Compensability Denied:	No	MMI Date:
	Date of Birth:	9/27/1978	Disposition
	Adjusted AWW:	956.63	Final Settlement:
	Weekly Comp Rate- TTD:	637.76	Represented by Attorney No
〈 <u></u>	Summary of Facts:	Snapshot	Financial Summary
lon-CVAC Jaim To Suit		years old right hand dominant	Claimant/Medical: 01-1 Jonathan Shockley / Medical
Paperless File	repetitive stress injury to	ician who alleges cumulitative bilateral upper extremities,	Loss Reserve: 0.00
Nign Networks (Medical Ca Biotelemetry Inc (Contact)		ms on 2/15/2019. Medical: Injured seen by Dr. Patrick O'Lang on	Loss Paid-to-Date: 0.00
Briotix Health, LP (Other)	Action Plan:	ď	Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity
Carpe Data (Loss Payee) Chubb & Son (Loss Payee)	Manage treatment wit	th Dr. Jamasbi	Loss Reserve: 0.00
Colantoni & Collins (Defens Colantoni, Collins, Marren,	Secure supplemental	report from Dr. Stoller	Loss Paid-to-Date: 0.00
CorVel Corporation (Medica	Consider cross exam	ination	Last Payment:
	Update reserves afte	r clarification of impairment.	Payee:

Injury Sustained:	☑ Defense IME:	四
Left and Right Hand/Wrist Left and Right Forearm Left and Right Elbow Neck	Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100	<b>^</b>
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	vithin 24 hrs of injury	
Other medical treatment within 24 hou	ırs	
	Claimant IME:	图
Impairment Disability %: 0.00 Impairment % Basis Code: <none></none>	Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512	<b>^</b>
Surgery? Surgery ✓	Represented By No V	
Permanency:	🔁 Disability Analysis:	❷
	Ş	^
Pharmacy Card:   Active O Inactive	Ex Pay: () Active  Inactive	
Medical Status:		四
Hand Center of San Francisco Patrick O Lang MD 601 Van Ness Ave. Ste. 2018 San Francisco, CA 94102		<b>^</b>
Co-Morbidity Factors: *None	<u>(liche</u>	M Savingiji
Return to Work		

Crystal Rodriguez | Administrative Assistant

CorVel Corporation | Santa Ana

Crystal Rodriguez@CorVel.com www.Corvel.com

For status or questions about a referral email <u>urstatus@corvel.com</u>

From: Rodriguez, Crystal < Crystal\_Rodriguez@Corvel.com>

Sent: Tuesday, November 30, 2021 2:06 PM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb\_UR@CORVEL.com>

Subject: FW: DUE 12.2 RFA Medication / 040519008736 Jonathan Shockley

Reference Number: UMR-28335098

Crystal Rodriguez | Administrative Assistant

CorVel Corporation | Santa Ana

Crystal\_Rodriguez@CorVel.com| www.Corvel.com

For status or questions about a referral email <u>urstatus@corvel.com</u>

From: Ventura, Maria < Maria. Ventura 2 @ Chubb.com >

Sent: Tuesday, November 30, 2021 9:20 AM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb\_UR@CORVEL.com>

Subject: FW: DUE 12.2 RFA Medication / 040519008736 Jonathan Shockley

WARNING: This email originated from someone outside Corvel, Ceris or Symbeo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: Maria.Ventura2@Chubb.com

From: Claims-Faxes-Zones <<u>claimfaxes-zones@chubb.com</u>>

Sent: Friday, November 26, 2021 5:38 AM

To: Laourclaimfax Admin < laourclaimfax@chubb.com>

Subject: DUE 12.2 RFA Medication / 040519008736 Jonathan Shockley

From: Fax2Mail <fax-2658734@reply.fax2mail.com>
Sent: Wednesday, November 24, 2021 5:14 PM
To: Claims-Faxes-Casualty <<u>claimsfaxes-casualty@chubb.com</u>>
Subject: [EXTERNAL] 11/24/21,05:13:49 PM,12,<Unknown>

You have received a document.

Sender's Name: cespinoza

Sender's Caller ID:

Date/Time: November 24, 2021 05:13:49 PM EST

Number of Pages: 12

From cespinoza

89772986

11/24/2021 14 04:41 PS

Page 01 of 12

#### State of California, Division of Workers' Componsation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

	Sheck hox if emp	loyee faces an Imminent firmation of a prior oral re	and send	I Resubmission - Chrous threat to his or he	ange in Mate r health	nal Facts
Employee Information						and operation become
Name (Last, First, Mide			and a second			
Date of Injury (MM/DD)	7 1 1 1 1 1 1 1 1 1		Date	of Birth (MM/DD/YYY	Y): 09/27/197	7B.
Claim Number: 040515	THE RESERVE OF THE PARTY OF THE		Empl	oyer: Biotelemetry, I	nc	
Requesting Physician		**************************************	· landario			enge type describe day are an eye
Name: Dr. Jamasbi, B						
Practico Namo: PRCM			Contac	d Name:Christian G.		
Address: 1335 Stanfor			City: I	Emeryville		State: CA
Zip Code: 94508 Phone: 510-847-5101 ext 471				lumber: 510-847-510	5	
Specially: Pain Manag			NPIN	lumber: 1376537199		***************************************
E-mail Address:						
	Information	e meganistration per en en employee (en ex-	ediginal makes and	a's at Company algorithmics and forest most	one business and the second	egastiga energy cenery
Company Name: Chub				act Name: Castro, Ma		
Address: P.O. Box 42		T1 11:1T T T1:11/2/17		Phoenix		State:AZ
Zip Code: 85080		213-612-5378		lumber; 800-664-176	5	
E-mail Address:	1 ( ///////			- H-1/F-1.6/E		
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Diagnosis (Required)	(CD-Code (Required)	Service/Good Requ (Required)	ested	CPT/HCPCS Code (If known)	(Frequer	nformation: icy, Duration ility, etc.)
	M70.832, M70.831, M70.822.	Lidocaine 5% Ointa				m,, 00.,

This email (including any attachments) is intended for the designated recipient(s) only, and may be confidential, non-public, proprietary, and/or protected by the attorney-client or other privilege. Unauthorized reading, distribution, copying or other use of this communication is prohibited and may be unlawful. Receipt by anyone other than the intended recipient(s) should not be deemed a waiver of any privilege or protection. If you are not the intended recipient or if you believe that you have received this email in error, please notify the sender immediately and delete all copies from your computer system without reading, saving, printing, forwarding or using it in any manner. Although it has been checked for viruses and other malicious software ("malware"), we do not warrant, represent or guarantee in any way that this communication is free of malware or potentially damaging defects. All liability for any actual or alleged loss, damage, or injury arising out of or resulting in any way from the receipt, opening or use of this email is expressly disclaimed.

■ New Request

☐ Resubmission - Change in Material Facts

# State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

Check box if emplest is a written confi	oyee faces an imminent a irmation of a prior oral req	nd seri uest.	ous threat to his or	her health		
n						
idle): Shockley, J	onathan					
Date of Injury (MM/DD/YYYY): 02/15/2019			Date of Birth (MM/DD/YYYY): 09/27/1978			
9008736		Empl	loyer: Biotelemetry,	, Inc		
n Information			en e	andria da wasan na maka		
Babak J,						
Practice Name: PRCMG			Contact Name: Christian G.			
Address: 1335 Stanford Ave			City: Emeryville State: CA			
Phone: 5	10-647-5101 ext 471	Fax Number: 510-647-5105				
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b Son of Federa	I Ins Company	Contact Name: Castro. Mario				
2065						
Phone; 2	13-612-5378			'65		
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it (see instruction	is for guidance, attached	laddii	ional pages if nece	issarvi	Control of the Contro	
al report on which	the requested treatment of	an be	found. Up to five (5)	procedures i	may be entered;	
ICD-Code (Required)	Service/Good Request (Required)	ted	CPT/HCPCS Code (If known)	(Freque	Information: ncy, Duration ntity, etc.)	
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	st is a written confined by Shockley, J. 20/YYYY): 02/15/20 9008736 in Information Babak J, MG Phone: 5 gement Phone: 5 gement Phone: 2 for all report on which con a separate she (Required) M70.832, M70.831, M70.831, M70.821, Z79.899, M50.10, G56.20, Z99.9	st is a written confirmation of a prior oral requestion.  Idle): Shockley, Jonathan  OYYYY): 02/15/2019  9008736  In Information Babak J,  MG  Ind Ave  Phone: 510-647-5101 ext 471  Igement  Phone: 510-647-5101 ext 471  Igement  Phone: 213-612-5378  It (see instructions for guidance): attached rested medical services, goods, or items in the requested treatment of on a separate sheet if the space below is interested (Required)  ICD-Code (Required)  ICD-Code (Required)  ICD-Code (Required)  ILidocaine 5% Ointme SIG: Apply 2-3 grams to affected area up to 4 time daily QTY: 60.00 REF: 1  2 Voltaren 1% Gel SIG Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00 REF: 1  3 Flector 1.3% Patch SIApply 1 patch to affecte	st is a written confirmation of a prior oral request.  Signature of the prior of a prior oral request.  Signature of the prior of a prior oral request.  Signature of the prior of the prior of a prior oral request.  Signature of the prior o	st is a written confirmation of a prior oral request.    Internation	in Information Babak J,  MG	

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From	cespinoza	ì

18889772986

11/24/2021 14:04:41 PST

Page 02 of 72 04/08/2022 Pacific Workers'

upper limb			
	Date of Visit: Nov 23,	2021	
Treatment to be paid under the	CA OMFS.		
Peer to Peer calls: Mon-Fri 3:3	Opm -5pm PT. Please call (510) 647-5101 x	0	
		Date: 11	1/24/2021 at 01:59 PM(PT)
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Requesting Physician Sig	gnature:		
Claims Administrator/U	tilization:Review Organization (UF	(O) Response	THE COLUMN ASSET WHERE THE PROPERTY OF THE PARTY OF THE P
☐ Approved ☐ Denied ☐ Requested treatment	l or Modified (See separate decision has been previously denied □ Lial	letter)  Delay (See separate notification of the Delay (See separate notification) Delay (See separate (See separa	fication of delay) separate letter)
Authorization Number (if assigned):		Date:	
Authorized Agent Name:		Signature:	
Phone:	Fax Number:	E-mail Address:	
Comments:			

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785 Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD | Filip Cheng, DO

1335 Standford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

# Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Julia Fellows, PA-C

Encounter Date: Nov 23, 2021

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 43 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc.

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

### VISIT TYPE:

### PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

### SUBJECTIVE COMPLAINTS:

\*\*\*

Patient is presents via Facetime to follow up on pain in his arm, bilateral hands and neck.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient also reports pain in his neck that radiates down into his bilateral upper extremities. He did undergo a MRI of the neck and the patient wanted to discuss the results with a specialist. He was approved to a consult and met with Dr. Slosar on 2/4/21. He is not currently a surgical candidate for the neck. He currently defers injection therapy as well.

Previously, the patient had been attending acupuncture therapy with benefit, but additional sessions have been denied by IMR. He has completed 17/18 sessions of chiropractic therapy with benefit. He notes that these sessions helped to decrease his pain by about 30% and noted some improved tolerance for activity. He would like to continue if possible. He also trialed physical therapy but was only able to complete 1-2 sessions before his pain increased. He has discontinued this.

With regard to medication, he continues with Lidocaine crean, voltaren gel & Flector patches as topical medications. These decrease his pain from 5/10 to 2/10 and prevents flare ups. He denies side effects with his medications. He does request for refills today.

Patient reports seeing his QME in March 2021 and we have this report for review today.

### Medical History:

\*\*\*

### PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2, Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

## PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.



### Social History:

\*\*\*

### PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

### Family History:

### \*\*\* FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

### **OBJECTIVE FINDINGS:**

2014 E/M:

### Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed...

### Orientation:

Patient is alert and oriented x3...

### Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

### **Current Medications:**

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply 2-3 grams to affected area upt o 4 times daily update sig
- 3. Flector 1.3% Patch Apply 1 patch to affected area 12hours on/off
- 4. Advil (OTC)
- 5. Aspirin Ec 81 Mg Tablet (OTC)

## FORMAL REQUEST FOR AUTHORIZATION:

and 6 sessions of Chiropractic Treatment 98941, 97140, G0283, 97012. Neck, bilateral elbows, forearms, wrists and hands.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

### DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

### PRESCRIPTION:

### Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY:

2 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area upt o 4 times daily QTY: 100.00. REF: 1

3 Flector 1.3% Patch SIG: Apply 1 patch to affected area 12hours on/off QTY: 30.00. REF: 1

### TREATMENT PLAN:

\*\*\*

### Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononcuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

### Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presense of ulnar neuropathy through physical exam despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presense of ulnar neuropathy.
- Given that Dr. Gordon does not recommend a surgical intervention, we attempted to submit for acupuncture with a change in material facts. However, this request was denied by IMR. Patient has nearlt completed chiropractic therapy with benefit as described above. We will submit for 6 more today.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left



paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. He met with Dr. Solsar to dicuss his neck and upper extremity symptoms. Per this report, Dr. Slosar does not find him to be a surgical canddiate as cervical spine surgery will likely not lead to improvement of his upper extremity pain. The patient understands this.

- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment.
- With regard to medications, Voltaren gel, Lidocaine ointment and Flector patch refilled today. Gabapentin discontinued due to side effects. As mentioned above, the patient has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had a abnormal TSH shortly after discontinuing gabapentin and he believe that he medication is responsible for the abnormal level. Since the patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving.
- -Patient currently defers the Functional Restoration Program.
- -Patient saw Dr. Stoller again on 3/11/21 and we finally received this report. Per Dr. Stoller, the patient is permanent and stationary with 20% WPI and permanent disability. He did provision for future medical care as well. As patient currently defers FRP or further invasive care, we agree that he is MMI and have updated this below.

Follow up in 4-6 weeks.

### **WORK STATUS:**

\*\*\*

The patient is permanent and stationary per Dr. Stoller QME DOS 3/11/21.

### TIME SPENT:

For this visit the total time the provider spent for the encounter is the most appropriate determinate of the level of service. The time reported includes the direct face to face time with patient and the total time spent 20 minutes.

This includes: counseling and educating the patient, family or caregiver, documenting clinical information in the electronic health record ordering medications, tests or procedures To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical

treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

- (f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:
- (4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.
- (g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.
- (4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".
- (5) If the employer, insurer, or other entity cannot make a

decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve. modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. \*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

# JUSTIFICATION:

Diclofenac cream: The following has been recommended regarding Diclofenac in the MTUS/ACOEM guidelines

Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located Recommended.

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence - Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Lidoderm Patch: The following has been recommended regarding Lidoderm Patch in the MTUS/ACOEM guidelines

Lidocaine Patches for Neuropathic Pain Moderately Recommended.

Lidocaine patches are moderately recommended for treatment of postherpetic neuralgia when there is localized pain amenable to topical treatment.

Strength of Evidence - Moderately Recommended, Evidence (B)

Level of Confidence - Moderate

Indications: Moderate to severe peripheral neuropathic pain that includes superficial pain generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic neuropathies with superficial pain generation [1190-1192]. One quality trial [1193] evaluated treatment of CTS with pain as a central complaint when other treatable causes of the pain have been eliminated and after more efficacious treatment strategies, such as splinting and

glucocorticosteroid injection(s), have been attempted.

Benefits: Modest improvements in pain

Harms: Dermal irritation and intolerance; may have adverse systemic effects if widespread applications of numerous patches

Prequency/Dose/Duration: Lidocaine patch 5%, up to 4 patches applied up to 12 hrs/day. Duration of use may be ongoing for chronic, localized pain, although most patients do not require indefinite treatment. Caution is warranted regarding widespread use of topical anesthetics for potential systemic effects from widespread administration.[221] Topical 5% lidocaine medicated plaster has also been used [1194-1197], as well as lidocaine spray [1198]

Indications for Discontinuation: Resolution, intolerance, adverse effects, lack of benefits, or failure to progress over a trial of at least 2 weeks.

Rationale: Lidocaine patches have been reportedly effective for treatment of localize peripheral neuropathic pain [1190-1192]. Topical lidocaine has been suggested to improve pain associated with CTS and appears to be somewhat more effective than naproxen.[222] This provides some basis for a consensus recommendation for treatment of peripheral neuropathic pain. Lidocaine patches are not invasive, generally have a low adverse effect profile, are moderately costly, have some evidence of efficacy for treatment of carpal tunnel syndrome and thus are recommended for treatment of peripheral neuropathic pain. It is not recommended for central neuropathic pain.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is one high-quality study and moderate-quality studies incorporated into this analysis.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating

18889772986

physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 11/24/2021

Castro, Mario: 11/24/2021

This visit note has been electronically signed off by Fellows, Julia, PA-C on 11/23/2021

# **UR Check off List**

ADJ RCVD:

10/01/2021

5 DAY DUE DATE:

10/08/2021

UR RCVD:

10/05/2021

CLAIM #:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel #:

139249073-UMO-48

CM ASSIGNED

Wendy Judd

Processor:

Crystal

Review Type:

Prospective

QA Reviewer:

Pay Ly

Category:

**IMR** 

Jurisdiction:

California

WCIS#:

N/A

Date of Injury:

02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Lidocaine ointment	5% #60	1	No			
Requested		Voltaren Gel	1% # 100	1	No			
Requested		Flector patch	1.3% #30	1	No			

**EMPLOYEE:** 

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

PO Box 30850,

Los Angeles, CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 / (510) 647-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100

San Francisco CA 94105

CASE MANAGER:

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

 From:
 Rodriguez, Crystal

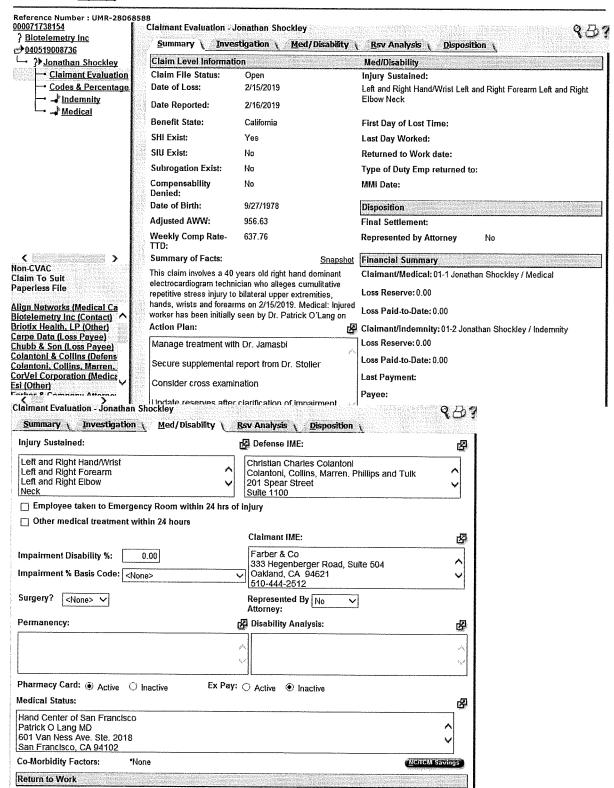
 To:
 GM-ORCA-UR Referrals

 Subject:
 FW: DUE 10.8 RFA Med

Subject: FW: DUE 10.8 RFA Medication / 040519008736 Jonathan Shockley

Date: Wednesday, October 6, 2021 11:47:38 AM Attachments: 211001132659543567.pdf

> image002.png image003.png



CorVel Corporation | Santa Ana

Crystal\_Rodriguez@CorVel.com| www.Corvel.com

For status or questions about a referral email urstatus@corvel.com

From: Rodriguez, Crystal < Crystal\_Rodriguez@Corvel.com>

Sent: Tuesday, October 5, 2021 12:35 PM

To: GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com>

Subject: FW: DUE 10.8 RFA Medication / 040519008736 Jonathan Shockley

Reference Number: UMR-28068588

Crystal Rodriguez | Administrative Assistant

CorVel Corporation | Santa Ana

Crystal\_Rodriguez@CorVel.com| www.Corvel.com

For status or questions about a referral email <u>urstatus@corvel.com</u>

From: Ventura, Maria < Maria. Ventura 2 @ Chubb.com >

Sent: Monday, October 4, 2021 2:31 PM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb UR@CORVEL.com>

Subject: DUE 10.8 RFA Medication / 040519008736 Jonathan Shockley

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The original sender of this email is: Maria.Ventura2@Chubb.com

From: Claims-Faxes-Zones <<u>claimfaxes-zones@chubb.com</u>>
Sent: Friday, October 1, 2021 11:29 AM

To: Laourclaimfax Admin < laourclaimfax@chubb.com>

Subject: 040519008736 Jonathan Shockley

From: Fax2Mail < fax-2658734@reply.fax2mail.com>

Sent: Friday, October 1, 2021 1:27 PM

To: Claims-Faxes-Casualty <<u>claimsfaxes-casualty@chubb.com</u>>
Subject: [EXTERNAL] 10/01/21,01:26:24 PM,13,<Unknown>

You have received a document.

Sender's Name: cespinoza

Sender's Caller ID:

Date/Time: Fri 01 Oct 2021 01:26:24 PM EDT

Number of Pages: 13

From cespinaza 18593772996 10/1/2021 10.17:13 PDT Page 01 of 13

#### State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Dector's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

	·····	·····				
■ New Request  □ Expedited Review  □ Chock box if reque	Check box if emp	oyee faces no imminant irmation of a prior oral re	and ser	☐ Resubmission – C ious threat to his or	Change in Material Facts her health	
Employee informati	on Carlotte	aran akeraparan ere	200	GULLEVA STATES		
Name (Last, First, Mi			********		The same of the sa	
Date of Injury (MM/DI	D/YYYY): 02/15/20	19	Date	of Birth (MM/DD/Y)	(YY): 09/27/1978	
Claim Number: 0405			<del></del>	oyer: Biotelemetry		
Requesting Physics	n Information					
Name: Dr. Jamasbi,			****		The state of the s	
Practice Name: PRC	MG		Contact Name:Christian G.			
Address: 1335 Stanfo	ord Ave.		City:	Emeryville	State: CA	
Zip Code: 94608	Phone: 5	10-647-5101 ext 471	Fax	Number: 510-847-5	105	
Specialty: Pain Mana	gament		NPI	Yumber: 137663719	19	
E-mail Address:						
Claims Administrate	r Intormation	endage and the desired states	-brine-era	ir). Adulusian propinsi (in territori	ent who entracted the entraction of the section of	
Company Name:Chu		il ins Company	Cont	aci Name: Castro, l	Mario	
Address: P.O. Box 4	Control of Control of Control of Control		City:	Phoenix	State:AZ	
Zip Code; 85080	Phone: 2	13-812-5378	ffax)	lumber: 800-664-17	765	
E-mail Address:	STATE CONTRACTOR AND		-			
Requested Treatmen	nt (see instruction	is for guldance; attach	ed addi	ional pages it nec	ascary)************************************	
of the attached medic	al report on which	vices, goods, or items in the requested treatment oot if the space below is	can be	found. Up to five (5	o the specific page number(s) ) procedures may be entered;	
Diagnosis (Required)	ICD-Code (Required)	Service/Good Required)	istod	CPT/I-(CPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)	
Cervical disc discoder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right tupper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forcarm Lesion of ulner soft tissue disorders related to use, overuse and pressure, right forcarm Lesion of ulner sorve, unspecified	M70.832, M70.831, M70.822, M70.823, Z79.899, M50.10, G56.20	I Lidocaine 5% Ointe SIG: Apply 2-3 grans affected area up to 4 it duity QTY: 60.00 RE 2 Voltaren 1% Get SI Apply 2-3 grams to at area up to 4 times dail QTY: 100.00 REF: 1 3 Fleefor 1.3% Patch Apply 1 patch to affec area 15tours on/off Q 30.00 REF: 1	to imes f: 1 G: Tected y SIC: fed			

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☐ Resubmission – Change in Material Facts

# State of California, Division of Workers' Compensation **REQUEST FOR AUTHORIZATION DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

■ New Request				Resubmission – C		erial Facts	
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health☐ Check box if request is a written confirmation of a prior oral request.							
☐ Check box if reques	st is a written confi	rmation of a prior oral req	uest.				
:Employee Informatio							
Name (Last, First, Mid	dle): Shockley, Jo	nathan	_				
Date of Injury (MM/DD	/YYYY): 02/15/201	9		of Birth (MM/DD/YY		78	
Claim Number: 04051	9008736		Empl	oyer: Biotelemetry,	Inc		
Requesting Physicia	n Information	a special account of material protest and training	augustus and a	ic pisukokersrususek euseikersi.	era promotina de primita	(Besteries/Besteries-reserves-reserves	
Name: Dr. Jamasbi, Babak J,							
Practice Name: PRCMG Contact Name: Christian G.							
Address: 1335 Stanfo	rd Ave		City:	Emeryville		State: CA	
Zip Code: 94608	Phone: 51	10-647-5101 ext 471	Fax N	lumber: <b>510-647-51</b>	05		
Specialty: Pain Manag	gement		NPIN	lumber: 137663719	9		
E-mail Address:						man and a second second second	
Claims Administrato	r Information		er or keep our	alk meka perpendikan perpendika parte na	AUTHELEROPHE VENT	energy in a street of the street	
Company Name:Chub	b Son of Federa	l Ins Company	Conta	act Name: Castro, N	lario <u> </u>		
Address: P.O. Box 42	2065		City:	Phoenix		State:AZ	
Zip Code; 85080	Phone: 21	13-612-5378	Fax N	Number: 800-664-17	65		
E-mail Address:							
Requested Treatmen	t (see instruction	s for guldance; attache	d'addit	ional pages if nece	ssary)****		
List each specific requ	iested medical ser	vices, goods, or items in	the bel	ow space or indicate	the specific	page number(s)	
of the attached medical	al report on which	the requested treatment	can be	found, Up to five (5)	procedures	may be entered;	
list additional requests	on a separate sne	eet if the space below is in	isumere	)///. 			
Diagnosis	ICD-Code	Service/Good Reques	sted	CPT/HCPCS		Information: ency, Duration	
(Required)	(Required)	(Required)		Code (If known)		ntity, etc.)	
Cervical disc	M70.832,	1 Lidocaine 5% Ointm	ent				
	M70.831,	SIG: Apply 2-3 grams					
	M70.822,	affected area up to 4 time					
unspecified cervical	M70.821,	daily QTY: 60,00 REF					
	Z79.899, M50.10,	2111, 222, 00,00 21	• -				
Other soft tissue	G56.20	2 Voltaren 1% Gel SIG	<b>3</b> :				
disorders related to		Apply 2-3 grams to aff					
use, overuse and		area upt o 4 times daily					
pressure, right upper arm		OTY: 100.00 REF: 1					
Other soft tissue							
disorders related to		3 Flector 1.3% Patch S	SIG:				
use, overuse and		Apply 1 patch to affect	ed				
pressure, left upper		area 12hours on/off Q					
arm		30.00 REF: 1					
Other soft tissue							
disorders related to							
use, overuse and							
pressure, right forearm							
Lesion of ulnar							
nerve, unspecified							
I	I	1		1	i		

From cespinoza	18889772986	10/1/2021 10:17:13 PDT

Page 02 of 13 04/08/2022
Pacific Workers'

upper limb			
	Date of Visit: Sep	30, 2021	
Treatment to be paid under th			
Peer to Peer calls: Mon-Fri 3	3:30pm -5pm PT. Please call (510) 647-51	01 x0	
		Date: 10/01/	2021 at 10:14 AM(PT)
Parameting Physician 6	Boy M	× V	
Requesting Physician S		WWW.1345.	
		(URO) Response (Inches Administration of the Control of the Contro	
☐ Requested treatmer	nt has been previously denied 🛛	sion letter)  Delay (See separate notification letter) Liability for treatment is disputed (See separ	on of delay) rate letter)
Authorization Number (	if assigned):	Date:	
Authorized Agent Name	<b>)</b> :	Signature:	
Phone:	Fax Number:	E-mail Address:	
Comments:			

DWC Form RFA (Effective 2/2014)

Page 1

CC: UR Department (if applicable):213-612-5785 Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169



Babak Jamashi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD | Filip Cheng, DO

1335 Standford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

# Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Julia Fellows, PA-C

Encounter Date: Sep 30, 2021

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 43 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc.

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

# VISIT TYPE:

### PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

# SUBJECTIVE COMPLAINTS:

\*\*\*

Patient is presents via Facetime to follow up on pain in his arm, bilateral hands and neck.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient also reports pain in his neck that radiates down into his bilateral upper extremities. He did undergo a MRI of the neck and the patient wanted to discuss the results with a specialist. He was approved to a consult and met with Dr. Slosar on 2/4/21. He is not currently a surgical candidate for the neck. He currently defers injection therapy as well.

Previously, the patient had been attending acupuncture therapy with benefit, but additional sessions have been denied by IMR. He has completed 12/12 sessions of chiropractic therapy with benefit. He notes that these sessions helped to decrease his pain by about 30% and noted some improved tolerance for activity. He has been approved for 6 more and has been scheduled. He also trialed physical therapy but was only able to complete 1-2 sessions before his pain increased. He has discontinued this.

With regard to medication, he continues with Lidocaine crean, voltaren gel & Flector patches as topical medications. These decrease his pain from 5/10 to 2/10 and prevents flare ups. He denies side effects with his medications. He does request for refills today.

Patient reports seeing his QME in March 2021 and we have this report for review today.

### Medical History:

\*\*\*

# PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

# PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000,
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- Right Achilles tendon debridement in 2003.

# Social History:

\*\*\*

# PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

# Family History:

# \*\*\* FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

### **OBJECTIVE FINDINGS:**

2014 E/M:

# Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed..

# Orientation:

Patient is alert and oriented x3...

# Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

# **Current Medications:**

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply 2-3 grams to affected area upt o 4 times daily update sig
- 3. Flector 1.3% Patch Apply I patch to affected area 12hours on/off
- 4. Advil (OTC)
- 5. Aspirin Ec 81 Mg Tablet (OTC)

# FORMAL REQUEST FOR AUTHORIZATION:

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

### **DIAGNOSIS:**

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm



M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm G56.20 Lesion of ulnar nerve, unspecified upper limb

### PRESCRIPTION:

# Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00. REF: 1

2 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area upt o 4 times daily QTY: 100.00. REF: 1

3 Flector 1.3% Patch SIG: Apply 1 patch to affected area 12hours on/off QTY: 30.00. REF: 1

# TREATMENT PLAN:

\*\*\*

# Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

# Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presense of ulnar neuropathy through physical exam despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presense of ulnar neuropathy.
- Given that Dr. Gordon does not recommend a surgical intervention, we attempted to submit for acupuncture with a change in material facts. However, this request was denied by IMR. Patient has completed chiropractic therapy with benefit as described above. He has been approved and scheduled for 6 more sessions.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. He met with Dr. Solsar to dicuss his neck and upper extremity

symptoms. Per this report, Dr. Slosar does not find him to be a surgical canddiate as cervical spine surgery will likely not lead to improvement of his upper extremity pain. The patient understands this.

- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment.
- With regard to medications, Voltaren gel, Lidocaine ointment and Flector patch refilled today. Gabapentin discontinued due to side effects. As mentioned above, the patient has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had a abnormal TSH shortly after discontinuing gabapentin and he believe that he medication is responsible for the abnormal level. Since the patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving.
- -Patient currently defers the Functional Restoration Program.
- -Patient saw Dr. Stoller again on 3/11/21 and we finally received this report. Per Dr. Stoller, the patient is permanent and stationary with 20% WPI and permanent disability. He did provision for future medical care as well. As patient currently defers FRP or further invasive care, we agree that he is MMI and have updated this below.

Follow up in 4-6 weeks.

# WORK STATUS:

\*\*\*

The patient is permanent and stationary per Dr. Stoller QME DOS 3/11/21.

# TIME SPENT:

For this visit the total time the provider spent for the encounter is the most appropriate determinate of the level of service. The time reported includes the direct face to face time with patient and the total time spent 30 minutes.

This includes: counseling and educating the patient, family or caregiver, documenting clinical information in the electronic health record ordering medications, tests or procedures reviewing consultation or non-office based diagnostic test results, To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(c) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify,

delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

- (f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:
- (4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.
- (g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.
- (4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".
- (5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the

information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. \*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

# JUSTIFICATION:

Diclofenac cream: The following has been recommended regarding Diclofenac in the MTUS/ACOEM guidelines

Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located Recommended.

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-prurities. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain

Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references, Trigger points & myofascial pain; Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoss, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Lidoderm Patch: The following has been recommended regarding Lidoderm Patch in the MTUS/ACOEM guidelines

Lidocaine Patches for Neuropathic Pain Moderately Recommended.

Lidocaine patches are moderately recommended for treatment of postherpetic neuralgia when there is localized pain amenable to topical treatment.

Strength of Evidence - Moderately Recommended, Evidence (B)

Level of Confidence - Moderate

Indications: Moderate to severe peripheral neuropathic pain that includes superficial pain generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic neuropathies with superficial pain generation [1190-1192]. One quality trial [1193] evaluated treatment of CTS with pain as a central complaint when other treatable causes of the pain have been eliminated and after more efficacious treatment strategies, such as splinting and glucocorticosteroid injection(s), have been attempted.

Benefits: Modest improvements in pain

Harms: Dermal irritation and intolerance; may have adverse systemic effects if widespread applications of numerous patches



Frequency/Dose/Duration: Lidocaine patch 5%, up to 4 patches applied up to 12 hrs/day. Duration of use may be ongoing for chronic, localized pain, although most patients do not require indefinite treatment. Caution is warranted regarding widespread use of topical anesthetics for potential systemic effects from widespread administration.[221] Topical 5% lidocaine medicated plaster has also been used [1194-1197], as well as lidocaine spray [1198]

Indications for Discontinuation: Resolution, intolerance, adverse effects, lack of benefits, or failure to progress over a trial of at least 2 weeks.

Rationale: Lidocaine patches have been reportedly effective for treatment of localize peripheral neuropathic pain [1190-1192]. Topical lidocaine has been suggested to improve pain associated with CTS and appears to be somewhat more effective than naproxen. [222] This provides some basis for a consensus recommendation for treatment of peripheral neuropathic pain. Lidocaine patches are not invasive, generally have a low adverse effect profile, are moderately costly, have some evidence of efficacy for treatment of carpal tunnel syndrome and thus are recommended for treatment of peripheral neuropathic pain. It is not recommended for central neuropathic pain.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is one high-quality study and moderate-quality studies incorporated into this analysis.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

10/1/2021 10:17:13 PDT

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

# Followup:

From cespinoza

6 Week(s)

CC:

Kweller, Esq., Zachary: 10/01/2021

Castro, Mario: 10/01/2021

This visit note has been electronically signed off by Fellows, Julia, PA-C on 09/30/2021

# Herrera, Phuong

From: Herrera, Phuong

Sent: Wednesday, September 1, 2021 3:02 PM

To: GM-ORCA-Chubb UR

**Subject:** \*\*\*AO\*\*\*DUE 9.2 RFA Therapy / 040519008736 Jonathan Shockley

**Attachments:** 210826112941867989.pdf

Categories: Auth Only -Needs To Be Completed

Reference Number: UMR-27908465

000071738154 } Biotelemetry Inc → 040519008736	Claimant Evaluation - Jonathan Shockley Summary \ Investigation \ Med/Disability \ Rsv Analysis \ Disposition \					
└- }▶Jonathan Shockley	Claim Level Informat	ion	Med/Disability			
Claimant Evaluation Codes & Percentage Indemnity Medical	Claim File Status: Date of Loss;	Open 2/15/2019	Injury Sustained: Left and Right Hand/Wrist Left and Right Forearm Left a			
	Date Reported: Benefit State:	2/16/2019 California	Elbow Neck First Day of Lost Time:			
	SHI Exist: Yes		The state of the s			
	SIU Exist:	No	Last Day Worked: Returned to Work date:			
	Subrogation Exist:	Nó	Type of Duty Emp returned to:			
	Compensability Denied:	No	MMI Date:			
	Date of Birth:	9/27/1978	Disposition			
	Adjusted AWW:	956,63 USD	Final Settlement:			
	Weekly Comp Rate- TTD:	637.76 USD	Represented by Attorney No			
Leading to the control of the contro	Summary of Facts:	<u>Snapshot</u>	Financial Summary			
Non-CVAC Claim To Suit		years old right hand dominant	Claimant/Medical: 01-1 Jonathan Shockley / Medical			
Paperless File		ician who alleges cumulitative bilateral upper extremities,	Loss Reserve: 56,709.00 USD			
Align Networks (Medical Ca Biotelemetry Inc (Contact)	hands, wrists and forear worker has been initially	ms on 2/15/2019. Medical: Injured seen by Dr. Patrick O'Lang on	Loss Paid to Date: 31,982,31 USD			
Briotix Health, LP (Other) Carpe Data (Loss Payee)	Action Plan:	<b>_G</b>	Claimant/Indemnity: 01-2 Jonathan Shockley / Indemi			
Chubb & Son (Loss Payee)	Manage treatment wit	h Dr. Jamasbi	Loss Reserve: 75,803.00 USD			
Colantoni & Collins (Defens Colantoni, Collins, Marren,	Secure supplemental	report from Dr. Stoller	Loss Paid to Date: 66,674.24 USD			
CorVel Corporation (Medica Signature CorVel Corporation (Medica Signature Corporation (Medica Si	Consider cross exami	nation	Last Payment: 580.00 USD 8/20/2021			
Carrier of Camerana Assessment	Update reserves after	clanfication of impairment.	Payee: Jonathan Shockley			

njury Sustained:	₽ Defense IME:
Left and Right Hand/Wrist Left and Right Forearm Left and Right Elbow Neck	Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100
Employee taken to Emergency Room within 24	hrs of injury
Other medical treatment within 24 hours	
Ovrd Inj Grp: <none></none>	Claimant IME:
mpairment Disability %: 0.00 mpairment % Basis Code: <none></none>	Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512
Surgery?	Represented By No Attorney:
Permanency:	🔁 Disability Analysis:
	€ <sup>25</sup> 5 `> <sub>3</sub> 4 <sup>4</sup>
Pharmacy Card:   Active O Inactive E	x Pay: O Active  Inactive
Medical Status:	
Hand Center of San Francisco Patrick O Lang MD 601 Van Ness Ave. Ste. 2018	

Phuong Herrera I Adminstrative Assistant Corvel Corporation I Santa Ana, CA Phuong herrera@corvel.com | www.corvel.com

From: GM-ORCA-Chubb UR < GM-ORCA-Chubb\_UR@CORVEL.com>

Sent: Monday, August 30, 2021 4:10 PM

To: GM-ORCA-Chubb UR <GM-ORCA-Chubb\_UR@CORVEL.com> Subject: DUE 9.2 RFA Therapy / 040519008736 Jonathan Shockley

Reference Number: UMR-27908465

From: Ventura, Maria < Maria. Ventura 2@Chubb.com >

Sent: Thursday, August 26, 2021 3:36 PM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb UR@CORVEL.com > Subject: DUE 9.2 RFA Therapy / 040519008736 Jonathan Shockley

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The original sender of this email is: Maria.Ventura2@Chubb.com

From: Claims-Faxes-Zones < claimfaxes-zones@chubb.com>

Sent: Thursday, August 26, 2021 11:27 AM

To: Laourclaimfax Admin < laourclaimfax@chubb.com>

Subject: 040519008736 Jonathan Shockley

From: Fax2Mail < fax-2658734@reply.fax2mail.com>

Sent: Thursday, August 26, 2021 11:30 AM

**To:** Claims-Faxes-Casualty <<u>claimsfaxes-casualty@chubb.com</u>> **Subject:** [EXTERNAL] 08/26/21,11:29:39 AM,18,<Unknown>

You have received a document.

Sender's Name:

xzurbano

Sender's Caller ID:

Date/Time:

August 26, 2021 11:29:39 AM EDT

Number of Pages: 18

# State of California, Division of Workers' Componsation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantialing the requested treatment.

☐ Check box if reques	t is a written com	miteriors de la bases divisas	<del>òdaoon</del>			
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Claim Number: 040519	008736		Empl	oyer: Biotelemetry, I	nc	
Requesting Physician	Information				and the second second second second	
Name: Dr. Jamasbi, B	abak J,		:			
Practice Name: PRCM	G		Contac	t Name: Xiena Z.		
Address: 1335 Stanfor	d Ave		City: I	Emeryville	Sta	te: CA
Zip Code: 94608	Phone: 5	10-647-5101 x133	Fax N	lumber: 510-647-510	)5	
Specially: Pain Manag	ement		NPIN	lumber: 1376637199		
E-mail Address:						
Claims Administrator	Information	erana ariang peragai	distant		namen grad to be the design of the section of	*******
Company Name:Chub			manner of a series of the seri	ct Name:Castro. Ma		
Address: P.O. Box 42	065		City: I	Phoenix	Sta	ite:AZ
Zip Code: 85080		13-612-5378	Fax	lumber: 800-664-176	55	
E-mail Address:		The state of the s			· .	
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Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Piease call (510) 647-5101 x0

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# State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

■ New Request	Chack hov if ample	oyee faces an imminent a			hange in Material Facts ier health	
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Name: Dr. Jamasbi, E	Babak J,					
Practice Name: PRCM	IG		Contac	ct Name: Xiena Z.		
Address: 1335 Stanfo	rd Ave		-	Emeryville	State: CA	
Zip Code: 94608	Phone: 51	10-647-5101 x133	Fax N	Number: <b>510-647-51</b>	05	
Specialty: Pain Manag	gement		NPIN	Number: 137663719	9	
E-mail Address:						
Claims Administrato	r Information	en verannen sam na varianten er et er	est of tests			
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Requested Treatmen	t (see instruction	s for guidance, attache	d addit	ional pages if nece	ssary)	
					e the specific page number(s) procedures may be entered;	
		eet if the space below is in			, processes may be emered,	
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Diagnosis	(Required)	Service/Good Reques (Required)	sted	CPT/HCPCS Code (If known)	(Frequency, Duration	
(Required)				· ·	Quantity, etc.)	
Cervical disc disorder with radiculopathy, unspecified		6 sessions of Chiropra		98941, 97140,		
cervical region	Z79.899, M50.10,	Treatment for the neck, be hands, wrists, forearms		G0283, 97012		
Other soft tissue disorders related to use, overuse	G56.20	elbows				
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Lesion of ulnar nerve, unspecified upper limb						
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Treatment must be paid un						
Peer to Peer calls: Mon-Fr	iday:3:30pm -5pm P1	Г. Please call (510) 647-5101 :	ĸ0			



	Bosh No	Date: 08/26/2021 at 08:11 AM(PT)			
Requesting Physician Signatur					
☐ Approved ☐ Denied or Mo	odified (See separate decision letter). F	☐ Delay (See separate notification of delay) treatment is disputed (See separate letter)			
Authorization Number (if assign		Date:			
Authorized Agent Name:		Signature:			
Phone:					
Comments:					

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169
Nurse Case Manager (if applicable):

# Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

Name_	Jonathan Shockley		09/27/1978		_Date	08/26/2021	
Addres	1000 Sutter St Room	123		San Fran	cisco, CA 🤉	94109	· ·
M70.83 Doverus M70.83 overus	30 Other soft tissue disorders se and pressure, left forearm 31 Other soft tissue disorders se and pressure, right forearm 22 Other soft tissue disorders	<u>.</u>	6 sessions of Chiropractic Treatment for the neck, bilateral hands, wrists, forearms and elbows				
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# Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Julia Fellows, PA-C

Encounter Date: Aug 19, 2021

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 42 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

### VISIT TYPE:

# PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

### **SUBJECTIVE COMPLAINTS:**

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Patient is presents via Facetime to follow up on pain in his arm, bilateral hands and neck.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient also reports pain in his neck that radiates down into his bilateral upper extremities. He did undergo a MRI of the neck and the patient wanted to discuss the results with a specialist. He was approved to a consult and met with Dr. Slosar on 2/4/21. He is not currently a surgical candidate for the neck.

Previously, the patient had been attending acupuncture therapy with benefit, but additional sessions have been denied by IMR. He has completed 12/12 sessions of chiropractic therapy with benefit. He notes that these sessions helped to decrease his pain by about 30% and noted some improved tolerance for activity. He has been approved for 6 more and is pending scheduling. He also trialed physical therapy but was only able to complete 1-2 sessions before his pain increased. He has discontinued this.

With regard to medication, he continues with Lidocaine crean, voltaren gel & Flector patches as topical medications. These decrease his pain from 5/10 to 2/10 and prevents flare ups. He denies side effects with his medications. He does request for refills today.

Patient reports seeing his QME in March 2021. He does believe there is a report ready for review.

# Medical History:

From xzurbano

# PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2, Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

# PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

DOB: 09/27/1978 Visit: 08/19/2021 Page: 2 Patient: Shockley, Jonathan

# Social History:

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# PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other,

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

# Family History:

# \*\*\* FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

# **OBJECTIVE FINDINGS:**

2014 E/M:

# Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed..

# Orientation:

Patient is alert and oriented x3...

# Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

# **Current Medications:**

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply 2-3 grams to affected area upt o 4 times daily update sig
- 3. Flector 1.3% Patch Apply 1 patch to affected area 12hours on/off
- 4. Advil (OTC)
- 5. Aspirin Ec 81 Mg Tablet (OTC)

# FORMAL REQUEST FOR AUTHORIZATION:

and 6 sessions of Chiropractic Treatment for the neck, bilateral hands, wrists, forearms and elbows 98941, 97140, G0283, 97012.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

### **DIAGNOSIS:**

M50,10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

### PRESCRIPTION:

# Refill Added:

- 1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00. REF: 1
- 2 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area upt o 4 times daily QTY: 100.00. REF: 1
- 3 Flector 1.3% Patch SIG: Apply 1 patch to affected area 12hours on/off QTY: 30.00. REF: 1

### TREATMENT PLAN:

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# Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononcuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

### Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presense of ulnar neuropathy through physical exam despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presense of ulnar neuropathy.
- Given that Dr. Gordon does not recommend a surgical intervention, we attempted to submit for acupuncture with a change in material facts. However, this request was denied by IMR. Patient has completed chiropractic therapy with benefit as described above. He has been approved and scheduled for 6 more sesions and is pending scheduling for these.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left

paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. He met with Dr. Solsar to dicuss his neck and upper extremity symptoms. Per this report, Dr. Slosar does not find him to be a surgical canddiate as cervical spine surgery will likely not lead to improvement of his upper extremity pain. The patient understands this.

- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment.
- With regard to medications, Voltaren gel, Lidocaine ointment and Flector patch refilled today. Gabapentin discontinued due to side effects. As mentioned above, the patient has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had a abnormal TSH shortly after discontinuing gabapentin and he believe that he medication is responsible for the abnormal level. Since the patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving.
- -Pending the patient's benefit from chiro and PT, we may consider a referral to a Functional Restoration Program.
- -Patient saw Dr. Stoller again on 3/11/21. We await this report.

Follow up in 4-6 weeks.

# **WORK STATUS:**

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WORK STATUS: The patient is not permanent and stationary.

# Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- -No lifting, pushing, or pulling greater than 5 pounds

### TIME SPENT:

For this visit the total time the provider spent for the encounter is the most appropriate determinate of the level of service. The time reported includes the direct face to face time with patient and the total time spent 30 minutes.

This includes: care coordination, counseling and educating the patient, family or caregiver, documenting clinical information in the electronic health record ordering medications, tests or procedures To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

- (e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.
- -The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

- (f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:
- (4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.
- (g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.
- (4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the



clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. \*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

#### JUSTIFICATION:

Chiropractic Care - Cervical Spine Part 1: The following has been recommended by the MTUS/ACOEM Guidelines regarding Chiropractic Care for the neck

## Manipulation and Mobilization

Manipulation and mobilization are two types of manual therapy. These include wide arrays of different techniques and schools of thought. Some consider these two interventions to be on a spectrum of velocity and applied force. In general, mobilization involves assisted, low-force, low-velocity movement within or at the limit of joint range of motion. Manipulation involves higher-force, higher-velocity, and low-amplitude action with a focus on moving a target joint.

I'rom the standpoint of evidence-based practice guidelines development, there are numerous types of manipulation utilized in many different studies. (562, 675, 897, 948-953) These issues result in difficulties comparing methods, techniques, or results across the available literature. Differences between techniques appear to be largely unstated in the available systematic reviews, which have aggregated all studies together. Adjustment is generally a synonym for manipulation in the chiropractic profession. There are studies evaluating thoracic manipulation for cervical pain without cervical manipulation. (954)

Many practitioners begin with lower force manipulation or mobilization techniques, and reserve higher force manipulation techniques for those who do not respond to lower force techniques to limit adverse effects and complications. Manipulation is generally considered a safe procedure, but like all other treatments is not without risks. For example, reported fatal outcomes have occurred and are particularly attributed to cervical manipulation. (932) Reports of more severe but rare adverse effects include vertebrobasilar dissection, carotid artery injury, and disc herniation or spinal cord compression myelopathy, although these reports need to be considered in the context of natural progressions of cervical pain without any intervention. (955) The mean age of patients experiencing vertebrobasilar dissection in the case reports is 38 and the risk has been reportedly due to cervical manipulation with a rotary component. (932) However, more recent population based studies have questioned the incidence of vascular injury from manipulation, suggesting instead that this may more often be an acceleration or natural progression of an event in progress. (956) Mobilization is less likely to lead to side effects than is manipulation.

The most common adverse response to neck manipulation is local discomfort that resolves within 24 to 48 hours. (932) (Hurwitz AJPH 02) There have been reports of vertebral artery dissection that result in posterior circulation stroke purportedly following cervical manipulation. (948) There has been much debate on the frequency of these events and multiple reports suggest low risk.(957) Population-based case control study of all patients who seek chiropractic care in Ontario revealed a frequency of 8 cases occurred within 7 days of receiving chiropractic care in 109 million person years of observation in Ontario. (956) Of particular interest was the observation that the odds ratio of a stroke occurring after a primary physician visit for cervical pain was the same as that noted following a chiropractic office visits, raising doubt as to whether there is any relationship between the manipulation and stroke. Vertebral artery dissections are heralded by cervical pain and frequently headache that can bring a patient to either a chiropractor or general physician's office, and if not recognized can progress to stroke that can be fatal. This should be considered in the differential diagnosis of cervical pain.

Manipulation/Mobilization for Acute, Subacute, or Chronic Cervicothoracic Pain

Recommended. Manipulation/mobilization of the cervical and/or thoracic spine is recommended for short-term relief of cervical pain or as a component of an active treatment program focusing on active exercises for acute cervicothoracic pain. However, high amplitude, high velocity manipulation is not recommended.

Strength of Evidence - Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Benefits: Potential for faster resolution of pain and improved function.

Harms: Worsening of neck pain, especially immediately after manipulation.

Frequency/Dose/Duration: Dependent on severity. Most patients with more severe spine conditions may receive up to 12 visits over 6 to 8 weeks, typically one to 3 times a week; (958-960) total treatments dependent on response to therapy. Substantial progression (e.g., return to work or activities, increasing ability to tolerate exercise, reduced medication use) should be documented at each follow-up visit. Treatment plan should be reassessed after each 2-week interval. Most guidelines suggest that if there is significant response in the above outcomes, it is worth considering another 2 weeks of treatment. If no response to 2 weeks of application of a particular manipulation treatment, it should be discontinued and 2 weeks of a different method of manipulation/mobilization or other treatment should be considered. If there is no response after 4 weeks and two 2-week trials of different manipulation/mobilization techniques, it is unlikely that further manipulation/mobilization will be helpful.

Indications for Discontinuation: Lack of demonstrated continued functional response after 6 manipulation/mobilization sessions (2 trials of 2 or more different methods), resolution of symptoms, or failure to participate in an active rehabilitation program.

Rationale: Multiple studies evaluate thoracic and cervical spine manipulation, (537, 932) whereas other studies evaluated one or the other. (949, 959, 961-964) Other studies do not delineate between the two different types of therapies. (578, 579, 675, 679, 965, 966).

There are no quality trials comparing mobilization to sham or placebo for treatment of acute cervical pain. The closest study appears to be that of Cleland et al (2007), but it was impaired by methodological limitations. Most studies compare mobilization to manipulation, or use mobilization as a component of other interventions, significantly weakening the ability to infer efficacy of manipulation. (581) Most studies had small samples sizes with most <70. (959, 960, 967, 968) A moderate-quality trial evaluating mobilization suggested greater benefit compared with directed exercise and continued care by a general practitioner. However, this study included acute, subacute, and chronic pain without delineation between duration in the results, and the general practitioner care appeared to fail to include treatments thought to be efficacious. (565) A moderate-quality trial comparing cervical manipulation to mobilization suggested improvement in pain and range of motion in both groups after a single treatment, but manipulation was reportedly associated with overall better pain improvement on the NRS-101 and larger gains in

range of motion.(6) Thus, the available quality evidence conflicts on treatment of cervicothoracic pain.(969) Hoving suggested mobilization is a favorable treatment option for patients with cervical pain compared with directed exercise or continued care by a general practitioner, although the general medical care may have been suboptimal.(565)

There are no sham-controlled trials of manipulation. Only a few RCTs evaluated subacute cervicothoracic pain and did so in combination with chronic cervicothoracic pain without reporting findings based on duration of symptoms. (960) A moderate-quality study comparing a single episode of cervical manipulation versus mobilization in subacute and chronic patients reported manipulation to have greater improvement in cervicothoracic pain at rest and active range of motion. (961) A moderate-quality study that did not describe well the duration of symptoms found an increase in range of motion after a single thoracic spine manipulation compared to no intervention. (970) (Krauss 08) Where another study compared manipulation and exercises alone and in combination and reported no significant clinical differences at 12-month follow up in chronic pain patients. (537)

A moderate-quality study of patients with chronic pain examined manipulation, manipulation and exercise and an exercise only group. They found that the manipulation alone group had less improvement compared to manipulation with exercise and exercises alone at 16 months after 11 weeks of treatment. (537) One study of 119 patients with cervicothoracic pain greater than 3 months duration reported improvement in all groups, but did not find any difference in the manipulation group when compared to physiotherapy and intensive training of cervical musculature for 6 weeks.(548) A moderate-quality study suggested acupuncture was more effective than manipulation or medications in treating chronic cervical pain.(675) Another moderate-quality study compared manipulation with sham ultrasound to sham ultrasound alone and suggested an improvement in pain in the manipulation group at 12 weeks. (971) While the RCTs show that other interventions are equally beneficial, the manipulation groups also experienced significant improvement in pain control and range of motion. Manipulation in subacute and chronic cervicothoracic pain is recommended and is best utilized in combination with an active exercise program. (537, 972) It was not possible to determine which technique was beneficial for which patient populations. There was also insufficient evidence for cervicothoracic pain with radicular findings.

A study evaluated a Clinical Prediction Rule for cervicothoracic pain using thoracic manipulation that is somewhat analogous to those for the lumbar spine (see Low Back Disorders guideline). They reported predictors for increasing the likelihood of a positive outcome with thoracic manipulation.(973, 974) These 6 variables were symptoms <30 days, no symptoms distal to the shoulder, neck extension does not aggravate pain, FABQPA score <12, diminished upper thoracic spine kyphosis, and cervical extension ROM <30 degrees. Once this information has been reproduced and validated there may be a group of patients identified where thoracic manipulation may be recommended with greater specificity. However, a recent RCT reported that the above CPR was not able to be validated.(975) Another group assessed a clinical prediction rule and noted better response to treatment if: initial Neck Disability Index <11.5, bilateral involvement pattern, no sedentary work >5 hours a day, feeling better while moving the neck, not worse while extending the neck, and a diagnosis of spondylosis without

# radiculopathy.(976)

Evidence: There are 4 high-quality RCTs (562, 679, 986, 987) and 76 moderate-quality RCTs or crossover trials (one with two reports) incorporated into this analysis.(6, 222, 497, 536, 537, 544, 548, 565, 567, 573, 574, 576, 578, 579, 581, 584, 675, 676, 897, 932, 949, 950, 958, 959, 961-963, 965-971, 977-979, 981-985, 988-1021) There are 25 low-quality (617, 867, 1022-1046) RCTs and 5 other studies (964, 1044, 1046-1048) in Appendix 1.

A comprehensive literature search was conducted using multiple search engines including PubMed, Scopus, CINAHL and Cochrane Library without date limits using the following terms: manipulation and mobilization, disorder terms-cervicalgia, neck pain, cervical pain, neck, cervical, vertebrae, vertebral, spine, radiculopathy, radiculopathies, radicular pain, intervertebral disc displacement, herniated, herniat\*, displacement, displacements, displaced, disk, disc, disks, discs, pain, controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective studies, prospective studies, epidemiological studies, epidemiological research, and Non-experimental Studies. In PubMed we found and reviewed 756 articles, and considered 130 for inclusion. In Scopus, we found and reviewed 1,436 articles, and considered 5 for inclusion. In CINAHL, we found and reviewed 32 articles, and considered 8 for inclusion. In Cochrane Library, we found and reviewed 32 articles, and considered 0 for inclusion. We also considered for inclusion 0 articles from other sources. Of the 143 articles considered for inclusion, 104 randomized trials and 13 systematic studies met the inclusion criteria.

Chiropractic Care - Hand, Wrist, Forearm: The following has been recommended by the MTUS/ACOEM Guidelines regarding Chiropractic care

#### Manipulation and Mobilization

Manipulation and mobilization are two types of manual therapy which have been used for treatment of CTS.(613, 627, 813-818) These include wide arrays of different techniques and schools of thought. Some consider these two interventions to be on a spectrum of velocity and applied force. In general, mobilization involves assisted, low-force, low-velocity movement. Manipulation involves high-force, high-velocity, and low-amplitude action with a focus on moving a target joint (see Chronic Pain and Low Back Disorders Guidelines for more details).

Manipulation of the Wrist Acute, Subacute, or Chronic CTS

No Recommendation. There is no recommendation for or against the use of manipulation of the wrist for treatment of acute, subacute, or chronic CTS.

Strength of Evidence - No Recommendation, Insuffcient Evidence (I)

Level of Confidence - Low

Manipulation of the Spine for Acute, Subacute, or Chronic CTS

Not Recommended. Manipulation of the spine is not recommended for treatment of acute, subacute, or chronic CTS.

Strength of Evidence – Not Recommended, Insuffcient Evidence (I)

## Level of Confidence - High

Rationale: There are two moderate-quality studies that evaluate manipulation for treatment of CTS. However, both have considerable methodological problems. One study compared manipulation plus ultrasound versus ibuprofen. Exclusion criteria did not exclude prior ibuprofen use, which is may well have been widespread, resulting in a comparison analogous to no treatment, which biases towards the other treatment arm, ibuprofen use was PRN after 2 weeks, subject contact time differed between groups, all biasing in favor of manipulation plus ultrasound. That study failed to find improvements compared with ibuprofen(637) which as noted previously appear ineffective. The other moderate-quality study had two active-treatment arms.(819) Thus, there is no quality study showing manipulation is effective as a treatment for CTS. Manipulation is not invasive, is moderately costly, but does have rare adverse effects from cervical manipulation. Cervical manipulation is not recommended for treatment of CTS. There is no recommendation for or against manipulation of the wrist as there is an absence of quality evidence.

Evidence: There are 2 moderate-quality RCTs incorporated into this analysis.(637, 819) There are 3 low-quality RCTs in Appendix 2.(625, 820, 821)

A comprehensive literature search was conducted using PubMed, Scopus, CINAHL and Cochrane Library without date limits using the following terms: manipulation or mobilization / carpal tunnel, median nerve, median, carpal, disease, entrapment, neuropathy, syndrome, compression, CTS, burning, itching, numbness, tingling, hand, palm, finger, wrist, and pain; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 38 articles in PubMed, 172 in Scopus, 26 in CINAHL, and 10 in Cochrane Library. We considered for inclusion 3 from PubMed, 8 from Scopus, 3 from CINAHL, 1 from Cochrane Library and 0 from other sources. Of the 15 articles considered for inclusion, 3 randomized trials and 8 systematic studies met the inclusion criteria.

**Lidoderm Patch:** The following has been recommended regarding Lidoderm Patch in the MTUS/ACOEM guidelines

Lidocaine Patches for Neuropathic Pain Moderately Recommended.

Lidocaine patches are moderately recommended for treatment of postherpetic neuralgia when there is localized pain amenable to topical treatment.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence - Moderate

Indications: Moderate to severe peripheral neuropathic pain that includes superficial pain generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic

neuropathies with superficial pain generation [1190-1192]. One quality trial [1193] evaluated treatment of CTS with pain as a central complaint when other treatable causes of the pain have been eliminated and after more efficacious treatment strategies, such as splinting and glucocorticosteroid injection(s), have been attempted.

Benefits: Modest improvements in pain

Harms: Dermal irritation and intolerance; may have adverse systemic effects if widespread applications of numerous patches

Frequency/Dose/Duration: Lidocaine patch 5%, up to 4 patches applied up to 12 hrs/day. Duration of use may be ongoing for chronic, localized pain, although most patients do not require indefinite treatment. Caution is warranted regarding widespread use of topical anesthetics for potential systemic effects from widespread administration.[221] Topical 5% lidocaine medicated plaster has also been used [1194-1197], as well as lidocaine spray [1198]

Indications for Discontinuation: Resolution, intolerance, adverse effects, lack of benefits, or failure to progress over a trial of at least 2 weeks.

Rationale: Lidocaine patches have been reportedly effective for treatment of localize peripheral neuropathic pain [1190-1192]. Topical lidocaine has been suggested to improve pain associated with CTS and appears to be somewhat more effective than naproxen.[222] This provides some basis for a consensus recommendation for treatment of peripheral neuropathic pain. Lidocaine patches are not invasive, generally have a low adverse effect profile, are moderately costly, have some evidence of efficacy for treatment of carpal tunnel syndrome and thus are recommended for treatment of peripheral neuropathic pain. It is not recommended for central neuropathic pain.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is one high-quality study and moderate-quality studies incorporated into this analysis.

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence - Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting



under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

#### CC:

Kweller, Esq., Zachary: 08/23/2021

Castro, Mario: 08/23/2021 UR, Chubb: 08/23/2021

Kweller, Esq., Zachary: 08/26/2021

Castro, Mario: 08/26/2021 UR, Chubb: 08/26/2021

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 08/23/2021

# **UR Check off List**

ADJ RCVD:

08/23/2021

5 DAY DUE DATE:

08/30/2021

UR RCVD:

08/26/2021

CLAIM #:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel #:

139249073-UMO-46

CM ASSIGNED

Linda Dinerman

Processor:

Amy

Review Type:

Prospective

QA Reviewer:

Samantha Nguyen

Category:

**IMR** 

Jurisdiction:

California

WCIS#:

2019022115295475087374

Date of Injury:

02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Lidocaine 5% ointment	#60	1	No			
Requested		Voltaren Gel 1%	#100	1	No			
Requested		Flector 1.3% patch	#30	1	No			

**EMPLOYEE:** 

Jonathan Shockley

**EMPLOYER:** 

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

PO Box 30850,

Los Angeles, CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 / (510) 647-5105

**PLANTIFF ATTORNEY:** 

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

**DEFENSE ATTORNEY:** 

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100 San Francisco CA 94105

CASE MANAGER:

Email address:

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From:

DiPillo, Amy

To:

GM-ORCA-UR Referrals

Subject:

DUE 8.30 RFA Medication / 040519008736 Jonathan Shockley

Date:

Friday, August 27, 2021 3:07:11 PM

Attachments:

210823201333228946.pdf

image002.png image005.png image003.png

From: Vega, Elena <Elena\_Vega@CORVEL.com>

Sent: Friday, August 27, 2021 3:00 PM
To: DiPillo, Amy <Amy\_DiPillo@Corvel.com>

Subject: FW: \*\*\*ASSIGN TO ELENA-BODY PARTS\*\*\*DUE 8.30 RFA Medication / 040519008736 Jonathan Shockley

These meds are ok to review, cervical spine, right forearm and left elbow - accepted.

Elena Vega | Utilization Review Nurse Supervisor CorVel Corporation | Santa Ana P 714.385.8531 | F 866.448.4076 Elena Vega@corvel.com | www.corvel.com

For status or questions about a referral, please email urstatus@corvel.com



From: DiPillo, Amy < Amy\_DiPillo@Corvel.com>

**Sent:** Friday, August 27, 2021 2:37 PM

To: Vega, Elena < <u>Elena Vega@CORVEL.com</u>>

Subject: FW: \*\*\*ASSIGN TO ELENA-BODY PARTS\*\*\*DUE 8.30 RFA Medication / 040519008736 Jonathan Shockley

From: Herrera, Phuong < Phuong Herrera@CORVEL.com>

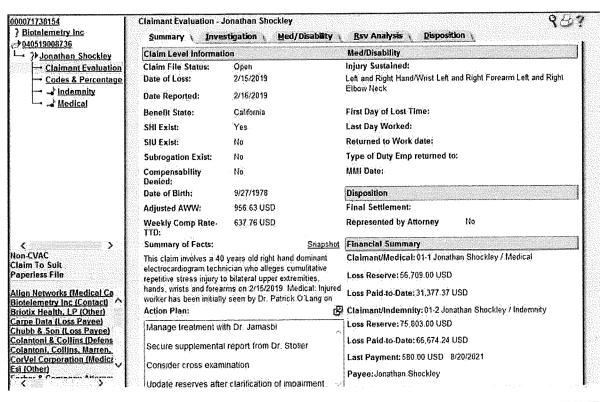
**Sent:** Friday, August 27, 2021 2:35 PM **To:** DiPillo, Amy <a href="mailto:Amy\_DiPillo@Corvel.com">Amy\_DiPillo@Corvel.com</a>

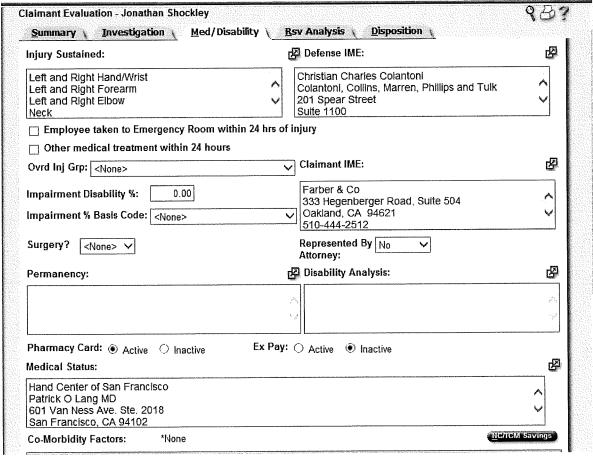
Subject: \*\*\*ASSIGN TO ELENA-BODY PARTS\*\*\*DUE 8.30 RFA Medication / 040519008736 Jonathan Shockley

Reference Number: UMR-27893482

\*\*\*BODY PART QUESTIONABLE: BILATERAL UPPER ARMS\*\*\*

CO - Mario Castro





Corvel Corporation I Santa Ana, CA

<u>Phuong herrera@corvel.com</u> | www.corvel.com

From: GM-ORCA-Chubb UR < GM-ORCA-Chubb\_UR@CORVEL.com>

Sent: Thursday, August 26, 2021 2:25 PM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb\_UR@CORVEL.com > Subject: DUE 8.30 RFA Medication / 040519008736 Jonathan Shockley

Reference Number: UMR-27893482

From: Ventura, Maria < Maria. Ventura 2@Chubb.com>

**Sent:** Tuesday, August 24, 2021 12:07 PM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb UR@CORVEL.com > Subject: DUE 8.30 RFA Medication / 040519008736 Jonathan Shockley

WARNING: This email originated from someone outside Corvel, Ceris or Symbeo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: Maria.Ventura2@Chubb.com

From: Fax2Mail < fax-1841185@reply.fax2mail.com>

**Sent:** Monday, August 23, 2021 5:14 PM

**To:** Laourclaimfax Admin < laourclaimfax@chubb.com>

Subject: 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: 1866

Sender's Caller ID: 18889772986

Date/Time:

August 23, 2021 08:13:21 PM EDT

Number of Pages: 17

From 1565

15889772986

8/23/2021 17:00:43 PDT

Page 01 of 17

# State of California, Division of Workers' Componsation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantialing the requested treatment.

☐ Check box if reque	and the large and the	CAMPAGNATION OF THE PARTY OF THE	and a second	CALL STATE STATE	TO A THE STREET,	CHARLES STREET	PERSONAL PROPERTY AND ASSESSMENT OF THE PERSON OF THE PERS
Employee Informatic	CONTRACTOR CONTRACT			11 11 11 11 11 11 11 11 11 11 11 11 11	<del>vyky po vyky p</del> yd sylden (m.	(A <del>lasta Selekta) in</del>	- marine de la companya de la compa
Name (Last, First, Mic		<del></del>					A Principal
Date of Injury (MM/DD			9		of Birth (MM/DD/YY)		1978
Claim Number: 04051				Emple	oyer: Biotelemetry,	Inc	
Requesting Physicia				~~ <del>~~~</del>	or a proper production of the second	والمعاملات فيتناف	
Name: Dr. Jamasbi, I				lest	I Marian Institute of the	Christian	
Practice Name: PRCI					1 Name:Jayvee for	CHIENAN	Location Ch
Address: 1335 Stanfo	rd Ave				Emeryville	A.#	State: CA
Zip Code: 94508			0-647-5101 ext 471		lumber: 510-647-510		
Specially: Pain Mana	gement	!		INHI	lumber: 1376637199	,	
E-mail Address:							
			antos teles al cresos desperatos Camieros		ict Name: Castro, M		
Company Name:Chul		or Federa	ins Company		ici Name: Casiro, M Phoenix	का 10	State:AZ
Address: P.O. Box 4	cubb	Diamer 64	9 049 8970		Pnoenix Jumber: 800-664-17(	2 E	I give M
Zip Code: 85080 E-mail Address:		rnone: 21	3-612-5378	1 rax r	VOITIDET, 600-004-171	<i>V-J</i>	
List each specific requests of the attached medic ilst additional requests	ested n al repor on a se	nedical ser t on which aparate she	s for guldance; attach vices, goods, or items i the requested treatmen at if the space below is	n the beli It can be Insufficie	ow space or indicate found. Up to five (5) ent.	the specific procedure Other	ic page number(s s may be entered er information:
List each specific requ	ested n al repor on a se	nedical se <i>r</i> I on which	vices, goods, or items i the requested treatmen	n the beli It can be Insufficie	ow space or indicate found. Up to five (5)	the specific procedure Other	ic page number(s s may be entered

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■ New Request



☐ Resubmission – Change in Material Facts

# State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

☐ Expedited Review: ☐ Check box if reque	Check box if emplest is a written confi	oyee faces an imminent a irmation of a prior oral req	nd ser uest.	ious threat to his or	her health	enai ravis
Employee Information		onathan				
Date of Injury (MM/DI	D/YYYY): 02/15/20	19	Date of Birth (MM/DD/YYYY): 09/27/1978			
Claim Number: 04051	9008736			loyer: Biotelemetry		
Requesting Physicia	in Information					New York
Name: Dr. Jamasbi,	Babak J,					
Practice Name: PRCI	//G		Conta	ct Name:Jayvee for	r Christian	
Address: 1335 Stanfo	ord Ave		<del>                                     </del>	Emeryville		State: CA
Zip Code: 94608	Phone: 5	10-647-5101 ext 471		Number: 510-647-51	105	
Specialty: Pain Mana	gement		NPI	Number: 137663719	9	
E-mail Address:						
Claims Administrato	r Information			at kara mananan ang atau ang atau a	envertor en en en en en	entra programma de la composição de la comp
Company Name:Chul	b Son of Federa	l Ins Company	Cont	act Name: Castro, I	Mario	
Address: P.O. Box 4				Phoenix		State:AZ
Zip Code: 85080	Phone; 2°	13-612-5378	· · · · · · · · · · · · · · · · · · ·	Number: 800-664-17	765	
E-mail Address:						
Requested Treatmen	it (see instruction	s for guidance; attached	l addit	lonal pages if nece	essary)	
List each specific requesting of the attached medic	uested medical ser al report on which	vices, goods, or items in the requested treatment of the requested treatment of the space below is in	the bel an be	ow space or indicat found. Up to five (5	e the specific i	page number(s) nay be entered;
Diagnosis (Required)	ICD-Code (Required)	Service/Good Reques (Required)	ted	CPT/HCPCS Code (If known)	(Freque	nformation: ncy, Duration ntity, etc.)
	279.899, M50.10, G56.20	Lidocaine 5% Ointments SIG: Apply 2-3 grams to affected area up to 4 tindaily QTY: 60,00 REF:  Voltaren 1% Gel SIG: 2-3 grams to affected at upt o 4 times daily QTY 100.00 REF: 1 update si Flector 1.3% Patch SIC Apply 1 patch to affecte area 12hours on/off QT 30.00 REF: 1	ones 1 Apply rea ?: g			

From	1866	

18889772986

8/23/2021 17:00:43 PDT

Page 02 of 17 04/08/2022 Pacific Workers'

upper limb		
	Date of Visit: Aug 19	), 2021
Treatment to be paid under the	e CA OMFS.	
Peer to Peer calls: Mon-Fri 3	:30pm -5pm PT. Please call (510) 647-5101	х0
		Date: 08/23/2021 at 04:55 PM(PT
	Boff No	8
Requesting Physician S	signature;	
Claims Administrator/	Utilization:Review Organization (U	RO) Response
☐ Approved ☐ Denied ☐ Requested treatment	ed or Modified (See separate decision It has been previously denied  □ Lia	n letter)   Delay (See separate notification of delay)  ability for treatment is disputed (See separate letter)
Authorization Number (i	if assigned):	Date:
Authorized Agent Name	<b>:</b>	Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169





Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD | Filip Cheng, DO

1335 Standford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

## Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Julia Fellows, PA-C

Encounter Date: Aug 19, 2021

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 42 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

## VISIT TYPE:

## PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

## SUBJECTIVE COMPLAINTS:

\*\*\*

Patient is presents via Facetime to follow up on pain in his arm, bilateral hands and neck.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient also reports pain in his neck that radiates down into his bilateral upper extremities. He did undergo a MRI of the neck and the patient wanted to discuss the results with a specialist. He was approved to a consult and met with Dr. Slosar on 2/4/21. He is not currently a surgical candidate for the neck.

Previously, the patient had been attending acupuncture therapy with benefit, but additional sessions have been denied by IMR. He has completed 12/12 sessions of chiropractic therapy with benefit. He notes that these sessions helped to decrease his pain by about 30% and noted some improved tolerance for activity. He has been approved for 6 more and is pending scheduling. He also trialed physical therapy but was only able to complete 1-2 sessions before his pain increased. He has discontinued this.

With regard to medication, he continues with Lidocaine crean, voltaren gel & Flector patches as topical medications. These decrease his pain from 5/10 to 2/10 and prevents flare ups. He denies side effects with his medications. He does request for refills today.

Patient reports seeing his QME in March 2021. He does believe there is a report ready for review.

#### Medical History:

\*\*\*

#### PAST MEDICAL HISTORY

- 1, Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

#### PAST SURGICAL HISTORY

- 1, Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.



## Social History:

## PSYCII/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

## Family History:

#### \*\*\* FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

#### **OBJECTIVE FINDINGS:**

2014 E/M:

## Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed..

## Orientation:

Patient is alert and oriented x3...

#### Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

#### **Current Medications:**

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply 2-3 grams to affected area upt o 4 times daily update sig
- 3. Flector 1.3% Patch Apply 1 patch to affected area 12hours on/off
- 4. Advil (OTC)
- 5. Aspirin Ec 81 Mg Tablet (OTC)

## FORMAL REQUEST FOR AUTHORIZATION:

and 6 sessions of Chiropractic Treatment for the neck, bilateral hands, wrists, forearms and elbows 98941, 97140, G0283, 97012.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

#### **DIAGNOSIS:**

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

#### PRESCRIPTION:

## Refill Added:

- 1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00. REF: 1
- 2 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area upt o 4 times daily QTY: 100.00. REF: 1
- 3 Flector 1.3% Patch SIG: Apply I patch to affected area 12hours on/off QTY: 30.00. REF: 1

#### TREATMENT PLAN:

\*\*\*

## Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

## Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presense of ulnar neuropathy through physical exam despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presense of ulnar neuropathy.
- Given that Dr. Gordon does not recommend a surgical intervention, we attempted to submit for acupuncture with a change in material facts. However, this request was denied by IMR. Patient has completed chiropractic therapy with benefit as described above. He has been approved and scheduled for 6 more sesions and is pending scheduling for these.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc

osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. He met with Dr. Solsar to dicuss his neck and upper extremity symptoms. Per this report, Dr. Slosar does not find him to be a surgical canddiate as cervical spine surgery will likely not lead to improvement of his upper extremity pain. The patient understands this.

- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment.
- With regard to medications, Voltaren gel, Lidocaine ointment and Flector patch refilled today. Gabapentin discontinued due to side effects. As mentioned above, the patient has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had a abnormal TSH shortly after discontinuing gabapentin and he believe that he medication is responsible for the abnormal level. Since the patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving.
- -Pending the patient's benefit from chiro and PT, we may consider a referral to a Functional Restoration Program.
- -Patient saw Dr. Stoller again on 3/11/21. We await this report.

Follow up in 4-6 weeks.

#### **WORK STATUS:**

\*\*\*

WORK STATUS: The patient is not permanent and stationary.

## Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- -No lifting, pushing, or pulling greater than 5 pounds

#### TIME SPENT:

For this visit the total time the provider spent for the encounter is the most appropriate determinate of the level of service. The time reported includes the direct face to face time with patient and the total time spent 30 minutes.

This includes: care coordination, counseling and educating the patient, family or caregiver, documenting clinical information in the electronic health record ordering medications, tests or procedures To expedite the process in which we may provide the appropriate treatment for our

patient, please consider the following from California Labor Code section 4610:

- (e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.
- -The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

- (f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:
- (4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.
- (g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.
- (4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's



decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true,

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. \*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

#### JUSTIFICATION:

Chiropractic Care - Cervical Spine Part 1: The following has been recommended by the MTUS/ACOEM Guidelines regarding Chiropractic Care for the neck

## Manipulation and Mobilization

Manipulation and mobilization are two types of manual therapy. These include wide arrays of different techniques and schools of thought. Some consider these two interventions to be on a spectrum of velocity and applied force. In general, mobilization involves assisted, low-force, low-velocity movement within or at the limit of joint range of motion. Manipulation involves higher-force, higher-velocity, and low-amplitude action with a focus on moving a target joint.

From the standpoint of evidence-based practice guidelines development, there are numerous types of manipulation utilized in many different studies. (562, 675, 897, 948-953) These issues result in difficulties comparing methods, techniques, or results across the available literature. Differences between techniques appear to be largely unstated in the available systematic reviews, which have aggregated all studies together. Adjustment is generally a synonym for manipulation in the chiropractic profession. There are studies evaluating thoracic manipulation for cervical pain without cervical manipulation. (954)

Many practitioners begin with lower force manipulation or mobilization techniques, and reserve higher force manipulation techniques for those who do not respond to lower force techniques to limit adverse effects and complications. Manipulation is generally considered a safe procedure, but like all other treatments is not without risks. For example, reported fatal outcomes have occurred and are particularly attributed to cervical manipulation. (932) Reports of more severe but rare adverse effects include vertebrobasilar dissection, carotid artery injury, and disc herniation or spinal cord compression myelopathy, although these reports need to be considered in the context of natural progressions of cervical pain without any intervention. (955) The mean age of patients experiencing vertebrobasilar dissection in the case reports is 38 and the risk has been reportedly due to cervical manipulation with a rotary component. (932) However, more recent population based studies have questioned the incidence of vascular injury from manipulation, suggesting instead that this may more often be an acceleration or natural progression of an event in progress. (956) Mobilization is less likely to lead to side effects than is manipulation.

The most common adverse response to neck manipulation is local discomfort that resolves within 24 to 48 hours. (932) (Hurwitz AJPH 02) There have been reports of vertebral artery dissection that result in posterior circulation stroke purportedly following cervical manipulation. (948) There has been much debate on the frequency of these events and multiple reports suggest low risk. (957) Population-based case control study of all patients who seek chiropractic care in Ontario revealed a frequency of 8 cases occurred within 7 days of receiving chiropractic care in 109 million person years of observation in Ontario. (956) Of particular interest was the observation that the odds ratio of a stroke occurring after a primary physician visit for cervical pain was the same as that noted following a chiropractic office visits, raising doubt as to whether there is any relationship between the manipulation and stroke. Vertebral artery dissections are heralded by cervical pain and frequently headache that can bring a patient to either a chiropractor or general physician's office, and if not recognized can progress to stroke that can be fatal. This should be considered in the differential diagnosis of cervical pain.

Manipulation/Mobilization for Acute, Subacute, or Chronic Cervicothoracic Pain

Recommended. Manipulation/mobilization of the cervical and/or thoracic spine is recommended for short-term relief of cervical pain or as a component of an active treatment program focusing on active exercises for acute cervicothoracic pain. However, high amplitude, high velocity manipulation is not recommended.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Benefits: Potential for faster resolution of pain and improved function.

Harms: Worsening of neck pain, especially immediately after manipulation.

Frequency/Dose/Duration: Dependent on severity. Most patients with more severe spine conditions may receive up to 12 visits over 6 to 8 weeks, typically one to 3 times a week; (958-960) total treatments dependent on response to therapy. Substantial progression (e.g., return to work or activities, increasing ability to tolerate exercise, reduced medication use) should be documented at each follow-up visit. Treatment plan should be reassessed after each 2-week interval. Most guidelines suggest that if there is significant response in the above outcomes, it is worth considering another 2 weeks of treatment. If no response to 2 weeks of application of a particular manipulation treatment, it should be discontinued and 2 weeks of a different method of manipulation/mobilization or other treatment should be considered. If there is no response after 4 weeks and two 2-week trials of different manipulation/mobilization techniques, it is unlikely that further manipulation/mobilization will be helpful.

Indications for Discontinuation: Lack of demonstrated continued functional response after 6 manipulation/mobilization sessions (2 trials of 2 or more different methods), resolution of symptoms, or failure to participate in an active rehabilitation program.

Rationale: Multiple studies evaluate thoracic and cervical spine manipulation, (537, 932) whereas other studies evaluated one or the other. (949, 959, 961-964) Other studies do not delineate between the two different types of therapies. (578, 579, 675, 679, 965, 966).

There are no quality trials comparing mobilization to sham or placebo for treatment of acute cervical pain. The closest study appears to be that of Cleland et al (2007), but it was impaired by methodological limitations. Most studies compare mobilization to manipulation, or use mobilization as a component of other interventions, significantly weakening the ability to infer efficacy of manipulation. (581) Most studies had small samples sizes with most <70. (959, 960, 967, 968) A moderate-quality trial evaluating mobilization suggested greater benefit compared with directed exercise and continued care by a general practitioner. However, this study included acute, subacute, and chronic pain without delineation between duration in the results, and the general practitioner care appeared to fail to include treatments thought to be efficacious. (565) A moderate-quality trial comparing cervical manipulation to mobilization suggested improvement in pain and range of motion in both groups after a single treatment, but manipulation was

reportedly associated with overall better pain improvement on the NRS-101 and larger gains in range of motion.(6) Thus, the available quality evidence conflicts on treatment of cervicothoracic pain.(969) Hoving suggested mobilization is a favorable treatment option for patients with cervical pain compared with directed exercise or continued care by a general practitioner, although the general medical care may have been suboptimal.(565)

There are no sham-controlled trials of manipulation. Only a few RCTs evaluated subacute cervicothoracic pain and did so in combination with chronic cervicothoracic pain without reporting findings based on duration of symptoms. (960) A moderate-quality study comparing a single episode of cervical manipulation versus mobilization in subacute and chronic patients reported manipulation to have greater improvement in cervicothoracic pain at rest and active range of motion. (961) A moderate-quality study that did not describe well the duration of symptoms found an increase in range of motion after a single thoracic spine manipulation compared to no intervention. (970) (Krauss 08) Where another study compared manipulation and exercises alone and in combination and reported no significant clinical differences at 12-month follow up in chronic pain patients. (537)

A moderate-quality study of patients with chronic pain examined manipulation, manipulation and exercise and an exercise only group. They found that the manipulation alone group had less improvement compared to manipulation with exercise and exercises alone at 16 months after 11 weeks of treatment. (537) One study of 119 patients with cervicothoracic pain greater than 3 months duration reported improvement in all groups, but did not find any difference in the manipulation group when compared to physiotherapy and intensive training of cervical musculature for 6 weeks. (548) A moderate-quality study suggested acupuncture was more effective than manipulation or medications in treating chronic cervical pain. (675) Another moderate-quality study compared manipulation with sham ultrasound to sham ultrasound alone and suggested an improvement in pain in the manipulation group at 12 weeks.(971) While the RCTs show that other interventions are equally beneficial, the manipulation groups also experienced significant improvement in pain control and range of motion. Manipulation in subacute and chronic cervicothoracic pain is recommended and is best utilized in combination with an active exercise program. (537, 972) It was not possible to determine which technique was beneficial for which patient populations. There was also insufficient evidence for cervicothoracic pain with radicular findings.

A study evaluated a Clinical Prediction Rule for cervicothoracic pain using thoracic manipulation that is somewhat analogous to those for the lumbar spine (see Low Back Disorders guideline). They reported predictors for increasing the likelihood of a positive outcome with thoracic manipulation. (973, 974) These 6 variables were symptoms <30 days, no symptoms distal to the shoulder, neck extension does not aggravate pain, FABQPA score <12, diminished upper thoracic spine kyphosis, and cervical extension ROM <30 degrees. Once this information has been reproduced and validated there may be a group of patients identified where thoracic manipulation may be recommended with greater specificity. However, a recent RCT reported that the above CPR was not able to be validated. (975) Another group assessed a clinical prediction rule and noted better response to treatment if: initial Neck Disability Index <11.5, bilateral involvement pattern, no sedentary work >5 hours a day, feeling better while moving the

neck, not worse while extending the neck, and a diagnosis of spondylosis without radiculopathy.(976)

Evidence: There are 4 high-quality RCTs (562, 679, 986, 987) and 76 moderate-quality RCTs or crossover trials (one with two reports) incorporated into this analysis. (6, 222, 497, 536, 537, 544, 548, 565, 567, 573, 574, 576, 578, 579, 581, 584, 675, 676, 897, 932, 949, 950, 958, 959, 961-963, 965-971, 977-979, 981-985, 988-1021) There are 25 low-quality (617, 867, 1022-1046) RCTs and 5 other studies (964, 1044, 1046-1048) in Appendix 1.

A comprehensive literature search was conducted using multiple search engines including PubMed, Scopus, CINAHL and Cochrane Library without date limits using the following terms: manipulation and mobilization, disorder terms-cervicalgia, neck pain, cervical pain, neck, cervical, vertebrae, vertebral, spine, radiculopathy, radiculopathies, radicular pain, intervertebral disc displacement, herniated, herniat\*, displacement, displacements, displaced, disk, disc, disks, discs, pain, controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective studies, prospective studies, epidemiological studies, epidemiological research, and Non-experimental Studies. In PubMed we found and reviewed 756 articles, and considered 130 for inclusion. In Scopus, we found and reviewed 1,436 articles, and considered 5 for inclusion. In CINAHL, we found and reviewed 134 articles, and considered 8 for inclusion. In Cochrane Library, we found and reviewed 32 articles, and considered 0 for inclusion. We also considered for inclusion 0 articles from other sources. Of the 143 articles considered for inclusion, 104 randomized trials and 13 systematic studies met the inclusion criteria.

Chiropractic Care - Hand, Wrist, Forearm: The following has been recommended by the MTUS/ACOEM Guidelines regarding Chiropractic care

#### Manipulation and Mobilization

Manipulation and mobilization are two types of manual therapy which have been used for treatment of CTS.(613, 627, 813-818) These include wide arrays of different techniques and schools of thought. Some consider these two interventions to be on a spectrum of velocity and applied force. In general, mobilization involves assisted, low-force, low-velocity movement. Manipulation involves high-force, high-velocity, and low-amplitude action with a focus on moving a target joint (see Chronic Pain and Low Back Disorders Guidelines for more details).

Manipulation of the Wrist Acute, Subacute, or Chronic CTS

No Recommendation. There is no recommendation for or against the use of manipulation of the wrist for treatment of acute, subacute, or chronic CTS.

Strength of Evidence - No Recommendation, Insuffcient Evidence (I)

Level of Confidence - Low

Manipulation of the Spine for Acute, Subacute, or Chronic CTS Not Recommended. Manipulation of the spine is not recommended for treatment of acute, subacute, or chronic CTS.

Strength of Evidence – Not Recommended, Insuffcient Evidence (I) Level of Confidence – High

Rationale: There are two moderate-quality studies that evaluate manipulation for treatment of CTS. However, both have considerable methodological problems. One study compared manipulation plus ultrasound versus ibuprofen. Exclusion criteria did not exclude prior ibuprofen use, which is may well have been widespread, resulting in a comparison analogous to no treatment, which biases towards the other treatment arm, ibuprofen use was PRN after 2 weeks, subject contact time differed between groups, all biasing in favor of manipulation plus ultrasound. That study failed to find improvements compared with ibuprofen(637) which as noted previously appear ineffective. The other moderate-quality study had two active-treatment arms.(819) Thus, there is no quality study showing manipulation is effective as a treatment for CTS. Manipulation is not invasive, is moderately costly, but does have rare adverse effects from cervical manipulation. Cervical manipulation is not recommended for treatment of CTS. There is no recommendation for or against manipulation of the wrist as there is an absence of quality evidence.

Evidence: There are 2 moderate-quality RCTs incorporated into this analysis.(637, 819) There are 3 low-quality RCTs in Appendix 2.(625, 820, 821)

A comprehensive literature search was conducted using PubMed, Scopus, CINAHL and Cochrane Library without date limits using the following terms: manipulation or mobilization / carpal tunnel, median nerve, median, carpal, disease, entrapment, neuropathy, syndrome, compression, CTS, burning, itching, numbness, tingling, hand, palm, finger, wrist, and pain; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 38 articles in PubMed, 172 in Scopus, 26 in CINAHL, and 10 in Cochrane Library. We considered for inclusion 3 from PubMed, 8 from Scopus, 3 from CINAHL, 1 from Cochrane Library and 0 from other sources. Of the 15 articles considered for inclusion, 3 randomized trials and 8 systematic studies met the inclusion criteria.

**Lidoderm Patch:** The following has been recommended regarding Lidoderm Patch in the MTUS/ACOEM guidelines

Lidocaine Patches for Neuropathic Pain Moderately Recommended.

Lidocaine patches are moderately recommended for treatment of postherpetic neuralgia when there is localized pain amenable to topical treatment.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence - Moderate

Indications: Moderate to severe peripheral neuropathic pain that includes superficial pain

generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic neuropathies with superficial pain generation [1190-1192]. One quality trial [1193] evaluated treatment of CTS with pain as a central complaint when other treatable causes of the pain have been eliminated and after more efficacious treatment strategies, such as splinting and glucocorticosteroid injection(s), have been attempted.

Benefits: Modest improvements in pain

Harms: Dermal irritation and intolerance; may have adverse systemic effects if widespread applications of numerous patches

Frequency/Dose/Duration: Lidocaine patch 5%, up to 4 patches applied up to 12 hrs/day. Duration of use may be ongoing for chronic, localized pain, although most patients do not require indefinite treatment. Caution is warranted regarding widespread use of topical anesthetics for potential systemic effects from widespread administration.[221] Topical 5% lidocaine medicated plaster has also been used [1194-1197], as well as lidocaine spray [1198]

Indications for Discontinuation: Resolution, intolerance, adverse effects, lack of benefits, or failure to progress over a trial of at least 2 weeks.

Rationale: Lidocaine patches have been reportedly effective for treatment of localize peripheral neuropathic pain [1190-1192]. Topical lidocaine has been suggested to improve pain associated with CTS and appears to be somewhat more effective than naproxen.[222] This provides some basis for a consensus recommendation for treatment of peripheral neuropathic pain. Lidocaine patches are not invasive, generally have a low adverse effect profile, are moderately costly, have some evidence of efficacy for treatment of carpal tunnel syndrome and thus are recommended for treatment of peripheral neuropathic pain. It is not recommended for central neuropathic pain.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAIIL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is one high-quality study and moderate-quality studies incorporated into this analysis.

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence - Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects



of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 08/23/2021

Castro, Mario: 08/23/2021 UR, Chubb: 08/23/2021

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 08/23/2021

# **UR Check off List**

ADJ RCVD:

07/09/2021

5 DAY DUE DATE:

07/16/2021

UR RCVD:

07/09/2021

CLAIM #:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel #:

139249073-UMO-45

CM ASSIGNED

Wendy Judd

Processor:

Crystal Rodriguez

Review Type:

Prospective

QA Reviewer:

Jimmy Tran

Category:

**IMR** 

Jurisdiction:

California

WCIS#:

2019022115295475087374

Date of Injury:

02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Lidocaine ointment	5% #60	1	No			
Requested		Voltaren gel	1% #100	1	No			
Requested		Flector patch	1.3% #30	1	No			

EMPLOYEE:

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

**INSURER/CARRIER:** 

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

PO Box 30850,

Los Angeles,CA 90030

Adjuster: Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 / (510) 647-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

**DEFENSE ATTORNEY:** 

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100

San Francisco CA 94105

CASE MANAGER:

Hulbert, Barbara

Email address: bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From:

DiPillo, Amy

GM-ORCA-UR Referrals To:

Subject:

DUE 7.16 RFA Medication / 040519008736 Jonathan Shockley

Date: Attachments:

Tuesday, July 13, 2021 4:39:33 PM 210709162193609654.pdf

image004.png image005.png image002.png

From: Vega, Elena < Elena\_Vega@CORVEL.com>

Sent: Tuesday, July 13, 2021 4:21 PM

To: DiPillo, Amy < Amy\_DiPillo@Corvel.com>

Subject: FW: ASSIGN TO ELENA - BODY PARTS\*\* VDUE 7.16 RFA Medication / 040519008736 Jonathan Shockley

This is ok to review. Medication are for neck and right forearm- accepted.

Elena Vega | Utilization Review Nurse Supervisor CorVel Corporation | Santa Ana P 714.385.8531 | F 866.448.4076 Elena\_Vega@corvel.com | www.corvel.com

For status or questions about a referral, please email urstatus@corvel.com



From: DiPillo, Amy < Amy \_DiPillo@Corvel.com> Sent: Tuesday, July 13, 2021 11:48 AM To: Vega, Elena < Elena Vega@CORVEL.com >

Subject: FW: ASSIGN TO ELENA - BODY PARTS\*\* VDUE 7.16 RFA Medication / 040519008736 Jonathan Shockley

From: Perez, Erika < Erika Perez@Corvel.com > Sent: Tuesday, July 13, 2021 11:47 AM To: DiPillo, Amy < Amy DiPillo@Corvel.com>

Subject: ASSIGN TO ELENA - BODY PARTS\*\* VDUE 7.16 RFA Medication / 040519008736 Jonathan Shockley

Reference Number: UMR-27506054

CO - Mario Castro

000071738154	Claimant Evaluation - Jonathan	Shockley		<b>익</b> 년	
} <u>Biotelemetry Inc</u> <b>→</b> 040519008736	Summary \ Investigation	Med/Disability	\		
☐ } Jonathan Shockley	Claim Level Information		Med/Disability		
- Claimant Evaluation	Claim File Status: Open		Injury Sustained;		
Codes & Percentage Indemnity	Date of Loss: 2/15/20		Left and Right Hand/Wrist Left and Right Forearm Elbow Neck	Left and Right	
Medical Medical	Date Reported: 2/16/20  Benefit State: Californi	·			
		i <b>a</b>	First Day of Lost Time:		
			Last Day Worked:		
	· ·		Returned to Work date:		
	Subrogation Exist: No		Type of Duty Emp returned to:		
	Compensability No Denied:		MMI Date:		
	Date of Birth: 9/27/19	78	Disposition		
	Adjusted AWW: 956.63		Final Settlement:		
	Weekly Comp Rate- 637.76 TTD:		Represented by Attorney No		
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Hand Center of San	Francisco				
Patrick O Lang MD   601 Van Ness Ave. S	Ste 2018				
San Francisco, CA 9				<b>Y</b>	
Co-Morbidity Factors:				1 Savings	
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Sent: Friday, July 9, 2021 4:16 PM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb UR@CORVEL.com>

Subject: FW: DUE 7.16 RFA Medication / 040519008736 Jonathan Shockley

Reference Number: UMR-27506054

Crystal Rodriguez | Administrative Assistant

CorVel Corporation | Santa Ana

Crystal\_Rodriguez@CorVel.com| www.Corvel.com

For status or questions about a referral email urstatus@corvel.com

From: Ventura, Maria < Maria. Ventura 2@Chubb.com>

Sent: Friday, July 9, 2021 2:30 PM

**To:** GM-ORCA-Chubb UR < GM-ORCA-Chubb\_UR@CORVEL.com > **Subject:** DUE 7.16 RFA Medication / 040519008736 Jonathan Shockley

WARNING: This email originated from someone outside Corvel, Ceris or Symboo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: Maria.Ventura2@Chubb.com

From: Fax2Mail < fax-1841185@reply.fax2mail.com>

**Sent:** Friday, July 9, 2021 1:22 PM

To: Laourclaimfax Admin < laourclaimfax@chubb.com>

Subject: 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: msaturinas Sender's Caller ID: 18889772986

Date/Time: July 9, 2021 04:21:37 PM EDT

Number of Pages: 12

From madurinas

18889772988

7/9/2021 13:13:14 PDT

Page 01 of 12

# State of California, Division of Workers' Componsation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantialing the requested treatment.

Employed Informat	anx++		rmation of a prior oral re				
Name (Last, First, M						(())	
Date of Injury (MM/D	D/YYYY)	02/15/20	19	Date	of Birth (MM/DD/YY	YY): 09/27/1	978
Claim Number: 0405					loyer: Biotelemetry.		77.
Requesting Physici	an Infon	nation					
Name: Dr. Jamasbi,	Babak J						
Practice Name; PRC	MG			Conta	ct Name:Lyka for C	hristian	
Address: 1335 Stanf	ord Ave			City:	Emeryville		State: CA
Zip Code: 94608 Phone: 510-647-5101 ext 471					Number: 510-647-51	05	
Specially: Pain Management					Number: 137663719	9	
E-mail Address:							
Claims Administrate	naini re	iallon?***	metratelari dan dan mendelari (15 septe)	oralanda Sestasio	a V designari di resirente di tercere	www.yenane	·
Company Name:Chu	bb Son	of Federa	l ins Company	Cont	act Name: Castro, N	iario	
Address: P.O. Box 4	2065			City:	Phoenix		State:AZ
Zip Code; 85080		Phone: 2'	13-612-5378	Fax	Number: 800-664-17	65	
E-mail Address:	arrowers for recover	THE STREET WAY AND POST OF THE					
Requested Treatme	nt (see ii	struction	s for guldance; attach vices, goods, or items i	ed addl	lional pages if nece	scary)****	activistic accession
	s on a se	parate she	the requested treatmen pet if the space below is	t can be	found. Up to five (5)	procedures	may be entered;
Diagnosis (Regulred)	S ON B SE	parate she -Code quired)	the requested treatmented if the space below is Service/Good Required)	t can be insufficie	found. Up to five (5)	procedures Other (Frequ	may be entered; information: ericy, Duration antity, etc.)

This email (including any attachments) is intended for the designated recipient(s) only, and may be confidential, non-public, proprietary, and/or protected by the attorney-client or other privilege. Unauthorized reading, distribution, copying or other use of this communication is prohibited and may be unlawful. Receipt by anyone other than the intended recipient(s) should not be deemed a waiver of any privilege or protection. If you are not the intended recipient or if you believe that you have received this email in error, please notify the sender immediately and delete all copies from your computer system without reading, saving, printing, forwarding or using it in any manner. Although it has been checked for viruses and other malicious software ("malware"), we do not warrant, represent or guarantee in any way that this communication is free of malware or potentially damaging defects. All liability for any actual or alleged loss, damage, or injury arising out of or resulting in any way from the receipt, opening or use of this email is expressly disclaimed.

# State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

		oyee faces an imminent a rmation of a prior oral req	nd serio	I Resubmission – C ous threat to his or h		erial Facts
Employee Informatio	n valorenage de page 1988 i					
Name (Last, First, Mid	dle): Shockley, Jo	onathan				
Date of Injury (MM/DD	/YYYY): <mark>02/15/20</mark> 1	19	Date	of Birth (MM/DD/YY	YY): <b>09/27/1</b> 9	78
Claim Number: 04051	9008736		Empl	oyer: Biotelemetry,	Inc	
Requesting Physicia	n Information	en engeling aldem Hangara banganyangkal karan lenja mag	NATURAL PARTY OF THE PARTY OF T		a proposition of the contract	(potenza pomer utanja e nove
Name: Dr. Jamasbi, E	Babak J,					
Practice Name: PRCM	IG		Contac	ct Name: <b>Lyka for C</b>	hristian	
Address: 1335 Stanfo	rd Ave		City:	Emeryville	3-1	State: CA
Zip Code: 94608	Phone: 5	10-647-5101 ext 471	Fax N	lumber: <b>510-647-51</b>	05	
Specialty: Pain Manag	gement		NPIN	lumber: 137663719	9	
E-mail Address:						
Claims Administrato	rainformation				KUTHI KUTHUMI KUTHUM	endering sterkenbergsvicklickers (bar
Company Name:Chub	b Son of Federa	il Ins Company	Conta	act Name: Castro, N	/lario	
Address: P.O. Box 42	2065		City:	Phoenix		State:AZ
Zip Code; 85080	Phone; 2	13-612-5378	Fax N	lumber: 800-664 <b>-17</b>	65	
E-mail Address:						
Requested Treatmen	t (see instruction	ns for guldance; attache	addit	ional pages if nece	issary)	
of the attached medica	al report on which	rvices, goods, or items in the requested treatment of eet if the space below is in	can be	found, Up to five (5)	e the specific ) procedures r	page number(s) may be entered;
Diagnosis (Required)	ICD-Code (Required)	Service/Good Reques (Required)	ted	CPT/HCPGS Code (If known)	(Freque	Information: ncy, Duration ntity, etc.)
unspecified cervical	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Lidocaine 5% Ointmo SIG: Apply 2-3 grams of affected area up to 4 tindaily QTY: 60.00 REF  2 Voltaren 1% Gel SIC Apply 2-3 grams to affarea upt o 4 times daily QTY: 100.00 REF: 1 upsig  3 Flector 1.3% Patch SApply 1 patch to affect area 12hours on/off Q' 30.00 REF: 1	ones; 1 G: Gected odate			

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rom.	msaturinas

	729	

7/9/2021 13:13:14 PDT

Page	Received 04/08/2022
Paci	fic Workers

upper limb								
		Date of Visit: Jul 08,	2021					
				****				
Treatment to be paid under t	the CA OMFS.	<u></u>			I			
Peer to Peer calls: Mon-Fri		ase call (510) 647-5101 x	κ0					
					Date: 0	7/09/2021 8	at 01:09 PM(PT)	
		A.						
		11 0	15					
	4	book 1	1/04 >	`				
Requesting Physician	Signature:							
·Claims Administrator	r/Utilization Revi	ew Organization (UI	RO) Respons	e water	reservatives.	rigilization (file	annen som en	
☐ Approved ☐ Den	ied or Modified (S	ee senarate decision	letter\ □ De	lay (See sen:	arate not	ification of c	delav)	
☐ Requested treatme	ent has been previ	ously denied 🛚 Liat	bility for treatn	nent is disput	ed (See	separate let	tter)	
Authorization Number	(if assigned):		Dat	Date:				
Authorized Agent Name:				Signature:				
Phone:	Fax Nu	E-n	nail Address:					
Comments:								

DWC Form RFA (Effective 2/2014)

Page 1

CC: UR Department (if applicable):213-612-5785 Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD | Filip Cheng, DO

1335 Standford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

# Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Julia Fellows, PA-C

Encounter Date: Jul 08, 2021

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 42 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

# VISIT TYPE:

# PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

# SUBJECTIVE COMPLAINTS:



\*\*\*

Patient is presents via Facetime to follow up on pain in his arm, bilateral hands and neck.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient also reports pain in his neck that radiates down into his bilateral upper extremities. He did undergo a MRI of the neck and the patient wanted to discuss the results with a specialist. He was approved to a consult and met with Dr. Slosar on 2/4/21. He is not currently a surgical candidate for the neck.

Previously, the patient had been attending acupuncture therapy with benefit, but additional sessions have been denied by IMR. He has completed 6/6 sessions of chiropractic therapy with benefit. He notes that these sessions helped to decrease his pain by about 30% and noted some improved tolerance for activity. He has been approved for 6 more and is pending scheduling. He also trialed physical therapy but was only able to complete 1-2 sessions before his pain increased. He has discontinued this.

With regard to medication, he continues with Lidocaine crean, voltaren gel & Flector patches as topical medications. These decrease his pain from 5/10 to 2/10 and prevents flare ups. He denies side effects with his medications. He does request for refills today.

Patient reports seeing his QME in March 2021. He does believe there is a report ready for review.

# Medical History:

\*\*\*

# PAST MEDICAL HISTORY

- 1, Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

# **PAST SURGICAL HISTORY**

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

7/9/2021 13:13:14 PDT

# Social History:

From msaturinas

# PSYCII/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

# Family History:

# \*\*\* FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

# **OBJECTIVE FINDINGS:**

2014 E/M:

# Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed..

### Orientation:

Patient is alert and oriented x3..

# Mood and Affect:

Patient is anxious. Patient is in pain.

# **Current Medications:**

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply 2-3 grams to affected area upt o 4 times daily update sig
- 3. Flector 1.3% Patch Apply 1 patch to affected area 12hours on/off
- 4. Advil (OTC)
- 5. Aspirin Ec 81 Mg Tablet (OTC)

# FORMAL REQUEST FOR AUTHORIZATION:

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

### **DIAGNOSIS:**

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical i	region
M70.821	Other soft tissue disorders related to use, overuse and pressure,	right upp

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm

DOB: 09/27/1978 Visit: 07/08/2021 Patient: Shockley, Jonathan Page: 3



M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb

# PRESCRIPTION:

# Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00. REF: 1

2 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area upt o 4 times daily QTY: 100.00. REF: 1

3 Flector 1.3% Patch SIG: Apply 1 patch to affected area 12hours on/off QTY: 30.00. REF: 1

# TREATMENT PLAN:

\*\*\*

# Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

# Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presense of ulnar neuropathy through physical exam despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presense of ulnar neuropathy.
- Given that Dr. Gordon does not recommend a surgical intervention, we attempted to submit for acupuncture with a change in material facts. However, this request was denied by IMR. Patient has completed chiropractic therapy with benefit as described above. He has been approved and scheduled for 6 more sessions and is pending scheduling for these.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. He met with Dr. Solsar to dicuss his neck and upper extremity

- symptoms. Per this report, Dr. Slosar does not find him to be a surgical canddiate as cervical spine surgery will likely not lead to improvement of his upper extremity pain. The patient understands this.
- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment.
- With regard to medications, Voltaren gel, Lidocaine ointment and Flector patch refilled today. Gabapentin discontinued due to side effects. As mentioned above, the patient has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had a abnormal TSH shortly after discontinuing gabapentin and he believe that he medication is responsible for the abnormal level. Since the patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving.
- -Pending the patient's benefit from chiro and PT, we may consider a referral to a Functional Restoration Program.
- -Patient saw Dr. Stoller again on 3/11/21. We await this report.

Follow up in 4-6 weeks.

# **WORK STATUS:**

\*\*\*

WORK STATUS: The patient is not permanent and stationary.

# Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- -No lifting, pushing, or pulling greater than 5 pounds

### TIME SPENT:

For this visit the total time the provider spent for the encounter is the most appropriate determinate of the level of service. The time reported includes the direct face to face time with patient and the total time spent.

This includes: counseling and educating the patient, family or caregiver, documenting clinical information in the electronic health record ordering medications, tests or procedures To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical

treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

- (f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:
- (4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.
- (g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.
- (4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".
- (5) If the employer, insurer, or other entity cannot make a

decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. \*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

### JUSTIFICATION:

Lidoderm Patch: The following has been recommended regarding Lidoderm Patch in the MTUS/ACOEM guidelines

Lidocaine Patches for Neuropathic Pain Moderately Recommended.



Lidocaine patches are moderately recommended for treatment of postherpetic neuralgia when there is localized pain amenable to topical treatment.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence - Moderate

Indications: Moderate to severe peripheral neuropathic pain that includes superficial pain generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic neuropathies with superficial pain generation [1190-1192]. One quality trial [1193] evaluated treatment of CTS with pain as a central complaint when other treatable causes of the pain have been eliminated and after more efficacious treatment strategies, such as splinting and glucocorticosteroid injection(s), have been attempted.

Benefits: Modest improvements in pain

Harms: Dermal irritation and intolerance; may have adverse systemic effects if widespread applications of numerous patches

Frequency/Dose/Duration: Lidocaine patch 5%, up to 4 patches applied up to 12 hrs/day. Duration of use may be ongoing for chronic, localized pain, although most patients do not require indefinite treatment. Caution is warranted regarding widespread use of topical anesthetics for potential systemic effects from widespread administration.[221] Topical 5% lidocaine medicated plaster has also been used [1194-1197], as well as lidocaine spray [1198]

Indications for Discontinuation: Resolution, intolerance, adverse effects, lack of benefits, or failure to progress over a trial of at least 2 weeks.

Rationale: Lidocaine patches have been reportedly effective for treatment of localize peripheral neuropathic pain [1190-1192]. Topical lidocaine has been suggested to improve pain associated with CTS and appears to be somewhat more effective than naproxen. [222] This provides some basis for a consensus recommendation for treatment of peripheral neuropathic pain. Lidocaine patches are not invasive, generally have a low adverse effect profile, are moderately costly, have some evidence of efficacy for treatment of carpal tunnel syndrome and thus are recommended for treatment of peripheral neuropathic pain. It is not recommended for central neuropathic pain.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A

comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random\*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is one high-quality study and moderate-quality studies incorporated into this analysis.

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating



physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

# Followup:

6 Week(s)

CC:

Castro, Mario: 07/09/2021 UR, Chubb: 07/09/2021

This visit note has been electronically signed off by Fellows, Julia, PA-C on 07/08/2021



# **Claims Examiner Authorization**

CLAIM#:

040519008736

**INSURED:** 

Biotelemetry, Inc.

DOI: 02/15/2019 CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

**CLAIMANT:** 

Jonathan Shockley

ADJUSTER:

Mario Castro

CORVEL#:

139249073-UMO-47

**Determination Date:** 

09/02/2021

**RFA Received Date:** 

08/26/2021

Provider:

Babak Jamasbi, MD

Pre-Cert #:

139249073-UMO-47 One Call Care Management

Phone: 866-672-6493 Fax: 571-446-2066

**Network:** 

Email: concierge@onecallcm.com

The below request is AUTHORIZED. The decision was made on 09/02/2021 and is summarized below:

THERAPY											
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	Provider	
Requested	Chiro	6	0	0	Elbow, Hand, Lower Arm, Multiple Neck Injury, Wrist	98941, 97140, G0283, 97012					
Certified	Chiro	6	0	0	Elbow, Hand, Lower Arm, Multiple Neck Injury, Wrist	98941, 97140, G0283, 97012	9/2/21	3/5/22			

Claims Examiner: Mario Castro Contact Information: (213) 612-0880

Hours of operation: 8:30 am to 5:30 pm, M-F



# \*\*NOTE\*\*

# Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.



# **Certification Recommendation**

CLAIM#:

040519008736

DOI:

02/15/2019

INSURED:

Biotelemetry, Inc.

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: CORVEL#: Jonathan Shockley 139249073-UMO-50 ADJUSTER:

Mario Castro

**Determination Date:** 

12/07/2021

**RFA Received Date:** 

12/01/2021

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-50

**Network:** 

One Call Care Management (PT/OT)

Phone: 866-672-6493 Fax: 571-446-2066

Email: concierge@onecallcm.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 12/07/2021 and is summarized below:

THERAPY											
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	СРТ	Effective Date	Termination Date	Facility	Provider	
Requested	Chiro	6			Left - Elbow, Left - Lower Arm, Left - Wrist(s) & Hand(s), Right - Elbow, Right - Lower Arm, Right - Wrist(s) & Hand(s), Soft Tissue-Neck	98941, 97140, G0283, 97012					



Certified	Chiro	6	Left - Elbow, Left - Lower Arm, Left - Wrist(s) & Hand(s), Right -	98941, 97140, G0283, 97012	12/7/21	6/7/22	
			Elbow, Right - Lower Arm, Right - Wrist(s) & Hand(s), Soft Tissue-Neck				

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Ann Collier, RN Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

# \*\*NOTE\*\*

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.



# **Certification Recommendation**

CLAIM#:

040519008736

DOI:

02/15/2019

INSURED:

Biotelemetry, Inc.

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: CORVEL#: Jonathan Shockley

139249073-UMO-49

ADJUSTER:

Mario Castro

**Determination Date:** 

12/02/2021

**RFA Received Date:** 

11/24/2021

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-49

Network:

myMatrixx as Express Scripts Co. (Pharmacy)

Phone: 866-672-2482

Email: WCMPPAFolder@express-scripts.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 12/02/2021 and is summarized below:

MEDICATION	Ţ						_	
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Lidocaine Ointment 5%	#60	1	No				
Certified	Lidocaine Ointment 5% (dispense generic)	#60	1	No	12/2/21	2/2/22		
Requested	Voltaren gel	1% #100	1	No				
Certified	Voltaren Gel (dispense generic)	1% #100	1	No	12/2/21	2/2/22		
Requested	Flector Patch	1.3% #30	1	No				
Certified	Flector patch (dispense generic)	1.3% #30	1	No	12/2/21	2/2/22		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Ann Collier, RN Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

# \*\*NOTE\*\*

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# **Certification Recommendation**

CLAIM#:

DOI:

040519008736

02/15/2019

INSURED:

Biotelemetry, Inc.

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: CORVEL#: Jonathan Shockley

139249073-UMO-48

ADJUSTER:

Mario Castro

**Determination Date:** 

10/08/2021

**RFA Received Date:** 

10/01/2021

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-48

myMatrixx as Express Scripts Co.

WCMPPAFolder@express-scripts.com

**Network:** 

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 10/08/2021 and is summarized below:

MEDICATION	MEDICATION										
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider			
Requested	Lidocaine ointment	5% #60gm	1	No							
Certified	Lidocaine ointment Dispense Generic	5% #60gm	1	No	10/8/21	12/8/21					
Requested	Voltaren Gel	1% #100gm	1	No							
Certified	Voltaren Gel Dispense Generic	1% #100gm	1	No	10/8/21	12/8/21					
Requested	Flector patch	1.3% #30	1	No							
Certified	Flector patch Dispense Generic	1.3% #30	1	No	10/8/21	12/8/21					

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Wendy Judd, RN Utilization Management Department cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

# \*\*NOTE\*\*

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.



# **Certification Recommendation**

CLAIM #:

040519008736

DOI:

02/15/2019

INSURED:

Biotelemetry, Inc.

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: CORVEL#: Jonathan Shockley 139249073-UMO-46 ADJUSTER:

Mario Castro

08/30/2021

Determination Date: RFA Received Date:

08/23/2021

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-46

Pharmacy

myMatrixx as Express Scripts Co. o Phone: 866-672-2482

o Email: WCMPPAFolder@express-

scripts.com

**Network:** 

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 8/30/21 and is summarized below:

MEDICATION	1							
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Lidocaine 5% ointment	60g	1	No				
Certified	Lidocaine 5% ointment (dispense generic)	60g	1	No	8/30/21	10/30/21		
Requested	Voltaren Gel 1%	100g	1	No				
Certified	Voltaren Gel 1% (dispense generic)	100g	1	No	8/30/21	10/30/21		
Requested	Flector 1.3% patch	#30	1	No				
Certified	Flector 1.3% Patch (dispense generic)	#30	1	No	8/30/21	10/30/21		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.



Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Linda Dinerman, RN Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

# \*\*NOTE\*\*

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.



# **Certification Recommendation**

CLAIM#:

DOI:

040519008736

02/15/2019

INSURED:

Biotelemetry, Inc.

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: CORVEL#: Jonathan Shockley

139249073-UMO-45

ADJUSTER:

Mario Castro

**Determination Date:** 

07/15/2021

**RFA Received Date:** 

07/09/2021

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-45

myMatrixx as Express Scripts Co.

WCMPPAFolder@express-scripts.com

**Network:** 

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 07/15/2021 and is summarized below:

MEDICATION	1							
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Lidocaine ointment	5% #60gm	1	No				
Certified	Lidocaine ointment Dispense Generic	5% #60gm	1	No	7/15/21	9/15/21		
Requested	Voltaren gel	1% #100gm	1	No				
Certified	Voltaren gel Dispense Generic	1% #100gm	1	No	7/15/21	9/15/21		
Requested	Flector patch	1.3% #30	1	No				
Certified	Flector patch Dispense Generic	1.3% #30	1	No	7/15/21	9/15/21		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Wendy Judd, RN
Utilization Management Department
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

Hulbert, Barbara

# \*\*NOTE\*\*

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.

Received 04/08/2022 acific Workers'

# Page 1 of 15

MEDICATION			A CONTRACTOR OF THE CONTRACTOR			-								
Determ. Date	Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Diagnosis	Facility	Provider	Net. Tx. Req.	Net. Tx. Details	Eff. Date	End Date	Determination Notes
UMO-52 2/18/22 CA	Certified		Flector patch -Dispense generic	1.3% #30	1	NO.				Yes	er	2/18/22	4/18/22	
UMO-52 2/18/22 CA	Certified		Voltaren Gel- Dispense generic	1% #100	Н	NO NO				Yes	re	2/18/22	4/18/22	
UMO-52 2/18/22 CA	Certified		Lidocaine ointment	2% #60	-	N <sub>O</sub>				Yes	t.	2/18/22	4/18/22	
UMO-49 12/2/21 CA	Certified		Lidocaine Ointment 5% (dispense generic)	09#	М	NO NO				Yes	myMatrix x	12/2/21	2/2/22	
UMO-49 12/2/21 CA	Certified		Flector patch (dispense generic)	1.3% #30	Н	No				Yes	myMatrix x	12/2/21	2/2/22	
UMO-49 12/2/21 CA	Certified		Voltaren Gel (dispense generic)	1% #100	H	No				Yes	myMatrix x	12/2/21	2/2/27	
UMO-48 10/8/21 CA	Certified		Voltaren Gel Dispense Generic	1% #100gm	1	ON				Yes	myMatrix x as Express Scripts Co. WCMPPA Folder@e xpress- scripts.co m	10/8/21	12/8/21	
UMO-48 10/8/21 CA	Certified		Lidocaine ointment Dispense Generic	5% #60gm	1	ON				Yes	myMatrix x as Express Scripts Co. WCMPPA Folder@e xpress- scripts.co m	10/8/21	12/8/21	Pa

Received 04/08/2022 cific Workers'

Page 2 of 15

		Pac
12/8/21	10/30/21	10/30/21
10/8/21	8/30/21	8/30/21
myMatrix x as Express Scripts Co. WCMPPA Folder@e xpress- scripts.co		Pharmacy myMatrix x as Express Scripts Co. o Pho ne: 866-672-2482 o Emai I: WCMPPA Folder@e xpress-scripts.co m
Yes	Yes	Yes
o N	o Z	o Z
r1	1	⊷
	#30	100g
Flector patch Dispense Generic	Flector 1.3% Patch (dispense generic)	Voltaren Gel 1% (dispense generic)
Certified	Certified	Certified
10/8/21	8/30/21	8/30/21
		OA NO-46

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			Received 04/08/2022
			Pacific Workers'
1/21	221	221	/21
10/30/21	9/15/21	9/15/21	9/15/21
8/30/21	7/15/21	7/15/21	7/15/21
		•	
Pharmacy myMatrix x as Express Scripts Co. 0 Pho ne: 866-672-2482 0 Emai I: WCMPPA Folder@e xpress-scripts.co m	myMatrix x as Express Scripts Co. WCMPPA Folder@e xpress- scripts.co m	myMatrix x as Express Scripts Co. WCMPPA Folder@e xpress- scripts.co m	myMatrix x as Express Scripts Co. WCMPPA Folder@e xpress- scripts.co m
Yes	Yes	Yes	Yes
	0	0	o
O N	2	O <sub>Z</sub>	O Z
1	н	н	н
g09	1% #100gm	#30	#60gm
%			
Lidocaine 5% ointment (dispense generic)	Voltaren gel Dispense Generic	Flector patch Dispense Generic	Lidocaine ointment Dispense Generic
oi io i	S G S	<u> </u>	0 0 0 0 E
fled	fled	led	Hed
Certified	Certified	Certified	Certified
12	21	21	21
8/30/21	7/15/21	7/15/21	7/15/21
CA CA	CA CA	CA CA	CA CA
5 ర	5 8	<u>5</u> 8	5 3

Page 4 of 15

					T		Receiv
						Pac	04/08/20 ific Work
8/8/21	8/8/21	8/8/21	7/10/21	7/10/21	7/10/21	6/12/21	6/12/21
					-		
6/8/21	6/8/21	6/8/21	5/10/21	5/10/21	5/10/21	4/12/21	4/12/21
myMatrix x as x as Express Scripts Co. WCMPPA Folder@e xpress- scripts.co	myMatrix x as Express Scripts Co. WCMPPA Folder@e xpress- scripts.co	myMatrix x as Express Scripts Co. WCMPPA Folder@e xpress- scripts.co	myMatrix x	myMatrix x	myMatrix ×	Q	Ü
es \	Yes	Yes	Yes	Yes	Yes	Yes	Yes
200-00							
0 Z	O <sub>N</sub>	O <sub>Z</sub>	S O	S S	No	S N	ON
-t	11	₽	<b>⊢</b>	н	<del></del> 1		1
#30	1% #100gm	#60gm	%	2% #60	8		#60 G
		% #	ch 1.3% #30	2%	el #100	ch #30	
riecuoi racui Dispense Generic	Voltaren Gel Dispense Generic	Lidocaine ointment Dispense Generic	Flector patch (dispense generic)	Lidocaine Ointment (dispense generic)	Voltaren Gel 1% (dispense generic)	Flector patch 1.3%- Dispense generic	Lidocaine ointment 5%
	> 0 0	<u> </u>	p) Ge	Cd Oi	2 6 8	F 4 12 89	j. ig
ם בי ניני	Certified	Certified	Certified	Certified	Certified	Certified	Certified
J	U	Ō	ŭ	<del>ٽ</del>	ŭ	ŭ	ర
17 (0 /0	6/8/21	6/8/21	5/10/21	5/10/21	5/10/21	4/12/21	4/12/21
5 5 8							
5 5	UMO-44 CA	UMO-44 CA	UMO-42 CA	UMO-42 CA	UMO-42 CA	UMO-41 CA	UMO-41 CA

6/12/21	5/10/21	5/10/21
	3/10/21	3/10/21
۸C	Pharmacy : myMatrix x as Express Scripts Co. 0 Pho ne: 866- 672-2482 0 Emai l: WCMPPA Folder@e xpress- scripts.co m	Pharmacy : myMatrix x as Express Scripts Co. o Pho ne: 866- 672-2482 o Emai l: WCMPPA Folder@e xpress- scripts.co m
Yes	√es	Yes
ON O	o Z	<u>8</u>
₩.	T.	1
1% #100 G	#30	#100g
Voltaren Gel 1%-Dispense generic	Flector 1.3% Patch (dispense generic)	Voltaren Gel 1% (dispense generic)
Certified	Certified	Certified
4/12/21	3/10/21	3/10/21
UMO-41 CA	UMO-39 CA	CA CA

Received 04/08/2022 Pacific Workers'

# Page 6 of 15

# 5/10/21 3/28/21 3/28/21 2/21/21 1/13/21 3/28/21 12/21/20 11/13/20 3/10/21 1/28/21 1/28/21 1/28/21 x as Express Scripts Co. Emai Pharmacy myMatrix x myMatrix x myMatrix Pho ne: 866-672-2482 WCMPPA Folder@e xpressmyMatrix x MyMatrix x-ESI Phone: 866-672-2482 scripts.co m myMatrix x - ESI Phone: 866-672-2482 Pharmacy Yes Yes Yes Yes Yes Yes ş õ 8 ŝ ŝ ŝ #100 #100 09# 09# #30 #30 Lidocaine 5% ointment (dispense generic) Lidocaine 5% ointment (dispense Voltaren 1% Gel Dispense Generic Voltaren 1% Gel (dispense Flector 1.3% Patch Flector 1.3% Patch (dispense generic) (Dispense Generic) generic) generic) Certified Certified Certified Certified Certified Certified 12/21/20 11/13/20 3/10/21 1/28/21 1/28/21 1/28/21 UMO-39 CA UMO-38 CA UMO-38 CA UMO-36 CA UMO-38 CA UMO-33 CA

1/13/21	11/5/20	11/5/20	10/28/20	10/28/20	10/28/20	10/15/20
11/13/20	10/5/20	10/5/20	9/28/20	9/28/20	9/28/20	9/15/20
MyMatrix x-ESI Phone: 866-672- 2482	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	MyMatrix x ESI Phone:86 6-672-2482 Escalation	MyMatrix x ESI Phone:86 6-672-2482 Escalation	MyMatrix x ESI Phone:86 6-672-2482 Escalation
Yes	Yes	Yes	Yes	Yes	Yes	Yes
						,
O Z	O <sub>N</sub>	ON	NO O	O <sub>Z</sub>	NO O	O Z
H	0		0	0	0	0
09#	#1	09#	#1	09#	300mg #30	#
Lidocaine 5% ointment Dispense Generic	Voltaren 1% Gel	Lidocaine 5% Ointment	Voltaren 1% Gel	Lidocaine 5% Ointment	Gabapentin	Voltaren 1% Gel
Certified	Certified	Certified	Certified	Certified	Certified	Certified
11/13/20	10/5/20	10/5/20	9/28/20	9/28/20	9/28/20	9/15/20
UMO-33	UMO-32 CA	UMO-32 CA	UMO-31 CA	UMO-31 CA	UMO-31 CA	UMO-29 CA

10/15/20	10/15/20	10/2/20	10/2/20	9/17/20	9/17/20	8/11/20
9/15/20	9/15/20	9/2/20	9/2/20	8/17/20	8/17/20	6/11/20
MyMatrix x ESI Phone:86 6-672-2482 Escalation	myMatrix x - ESI	myMatrix x - ESI	Pharmacy: : myMatrix x - ESI Phone: 866-672- 2482			
Yes	Yes	Yes	Yes	Yes	Yes	Yes
ON.	ON	ON	ON	ON	ON	ON
0	0	0	0			П
09#	300mg #30	1% #1	2% #60	QTY 1	QTY 60	1% #1
Lidocaine 5% ointment	Gabapentin	Voltaren gel	Lidocaine ointment	Voltaren 1% Gel (dispense generic)	Lidocaine 5% Ointment (dispense generic)	Voltaren gel Dispense Generic)
Certified	Certified	Certified	Certified	Certified	Certified	Certified
9/15/20	9/15/20	9/2/20	9/2/20	8/17/20	8/17/20	6/11/20
	UMO-29 CA		UMO-28 CA			UMO-22 CA

7/11/20	6/1/20	7/1/20	5/3/20	5/10/20	3/7/20
6/11/20	5/1/20	5/1/20	4/3/20	3/10/20	2/7/20
Pharmacy: : myMatrix x - ESI Phone: 866-672- 2482	MyMatrix x-ESI Phone: 866-672- 2482	MyMatrix x-ESI Phone: 866-672- 2482	Per CA MTUS/AC OEM/OD G/MD Guideline s & medical nece	Pharmacy: myMatrix x - ESI Phone: 866-672- 2482	MyMatrix x ESI Phone:86 6-672-2482 Escalation
Yes	Yes	Yes	Yes	Yes	Yes
	M70.832	M70.832	M70.832, M70.831, M70.822, M70.821, Z79.899	M70.832, M70.831, M70.822, M70.821, Z79.899	
o Z	°Z	O Z	O <sub>Z</sub>	O <sub>N</sub>	ON.
0	0	1	o	т	0
5% 60g	09#	#1	09#	1	Ŧ
Lidocaine ointment (Dispense Generic)	Lidocaine 5% Ointment Dispense Generic	Voltaren 1% Gel Dispense Generic	Lidocaine 5% Ointment	Voltaren 1% Gel (Dispense Generic)	Voltaren Gel 1%
Certified	Certified	Certified	Certified	Certified	Certifled
6/11/20	5/1/20	5/1/20	4/3/20	3/10/20	2/7/20
UMO-22 CA	UMO-17 CA	UMO-17 CA	UMO-14 CA	UMO-13 CA	UMO-11 CA

# Confidential: UR Determination Report: Claim: 040519008736 Claimant: Jonathan Shockley

THERAPY

Received 04/08/2022 acific Workers'

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je s				Paci
Determi nation Notes			AO	i doi
End Date	2/22/23	6/7/22	3/5/22	11/10/21
Eff. Date	2/22/22	12/7/21	9/2/21	5/10/21
Net. Tx. Details		One Call Care Managem ent		
Net. Tx. Req.		Yes	02	NO
Provider				
Facility				
Body Part / Diagnosis	Multiple Neck Injury, Elbow, Hand, Wrist/	Soft Tissue- Neck, Left - Wrist(s) & Hand(s), Right - Wrist(s) & Hand(s), Right - Lower Arm, Left - Lower Arm, Left - Elbow, Right -	Multiple Neck Injury, Hand, Wrist, Lower Arm, Elbow/	Soft Tissue- Neck, Multiple Upper Extremiti es/
Prior Approved by Corvel				
Total Weeks	0	0	0	0
Visits / Week	0	0	0	0
Total # Visits	9	Φ	9	g
Type of Visits		Preo perat ive	Preo perat ive	Preo perat ive
Other Therapy Desc				
Type of therapy	Acupuncture 97026— Unlimited,97124 — Unlimited,97813 — Unlimited,97814 —Unlimited	Chiro 97012 Unlimited,97140  Unlimited,g0283 Unlimited	Chiro 97012 Unlimited,97140 Unlimited,98941 Unlimited,6028 3Unlimited	Chiro 97012 Unlimited,97140  Unlimited,98941  Unlimited,6028 3Unlimited
Determination	Non-Certified	Certified		Certified
Determ. Date			9/2/21	5/10/21
Service Code	UMO-51 CA	UMO-50 CA	UMO-47 CA	UMO-43 CA

UMO-40 3/11/21	Certified	Chiro 97012-		_	9	0	0	Soft		Yes	CorVel CA	3/11/21	9/11/21	
		Unlimited,97140		berat				Tissue-			MPN			
				ive				Neck, Left	eft		https://w			
		Unlimited,98941						- Elbow,			ww.corvel			
		1						Right -	-	-,	-com/ca-			
		Unlimited,G028						Elbow,			-udw			
		3-Unlimited						Wrist(s)			lookup			
								&amb						
								Hand(s	/					
3/11/21	Certified	Other		Preo	9	0	0	Left -		Yes	One Call	3/11/21	9/11/21	
			Therapy   p	Derat				Elbow,			Care			
				ive				Right -			Managem			
								Elbow,			ent			
		3,41						Wrist(s)			concierge			
								&			@onecallc			
								Hand(s)/			m.com			
							<del></del>							
3/11/21	Certified	PT		Preo	9	0	0	Soft		Yes	One Call	3/11/21	12/11/6	
			-	perat				Tissue-			Care			
				ive				Neck/			Managem			
											ent			
					******						concierge			
											@onecallc			
			•			-					m.com			
12/15/20	Non-Certified	Acupuncture			9	0	0	Multiple	ə			12/15/20	12/15/21	
		97026						Neck						
		Unlimited,97124						Injury,						
								Hand,						
		Unlimited,97813					ν,	Wrist,						
		ı						Lower						
		Unlimited,97814						Arm/						
		Unlimited												

Acupun cture x6 for cervical spine, bilateral upper arms, right forearm , ulnar nerve lesion for unspecif ied limb		
11/20/21	3/17/21	7/21/21
11/20/20	9/17/20	7/21/20
	One Call PT / OCM	
	Yes	ON
Multiple Neck Injury, Right - Upper Arm, Left - Upper Arm, Right - Lower Arm/	Left - Elbow, Right - Elbow, Right - Wrist(s) & Hand(s), Left - Wrist(s) & Hand(s)/	Left - Hand, Right - Hand, Right - Wrist, Left - Wrist, Left - Lower Arm, Right -
0	0	0
0	0	0
		12
	Preo perat ive	Preo perat ive
	Aquatic Therapy	
Acupuncture 97026 Unlimited,97124  Unlimited,97813  Unlimited,97814 Unlimited	Other 9713	Acupuncture 97026 Unlimited,97124 Unlimited,97813 Unlimited,97814Unlimited
tified		Non-Certified
	1	7/21/20
CA C	OMO-30	UMO-25 CA

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	1000			Received
				∮4/08/2022 Pacific Workers
12/10/20	9/10/20	8/7/20	6/6/20	5/4/20
6/10/20	3/10/20	2 <i>/7/</i> 20	12/6/19	11/4/19
One Call PT / OCM Phone: 866- 389-0211 Fax: 90	>	One Call Phone: 866-389- 0211 Fax: 904- 998-0299	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	One Call PT / OCM Phone: 866- 389-0211 Fax: 90
Yes	Yes	Yes	Yes	Yes
Right - Lower Arm, Left - Lower Arm/	Left - Hand, Right - Hand, Left - Lower Arm, Right - Lower Arm, Right - Wrist, Left - Wrist/	Multiple Upper Extremiti es/	Left - Hand, Right - Hand/ M70.832, M70.831	Left - Hand, Right - Hand/
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Preo perat ive	Preo perat ive	Preo perat ive	Preo perat ive	Preo perat ive
		Massage Therapy		Massage
Acupuncture 97026— Unlimited,97124 Unlimited,97813 Unlimited,97814	Acupuncture 97026— Unlimited,97124 — Unlimited,97813 — Unlimited,97814 —Unlimited	Other 97124— Unlimited	Acupuncture 97026— Unlimited,97124 — Unlimited,97813 — Unlimited,97814 —Unlimited	Other 97124
Certified	Certified	Certified	Certified	Certified
6/10/20	3/10/20	2/7/20	12/6/19	11/4/19
UMO-21 CA	CA CA	UMO-10 CA	UMO-8 CA	CA CA

		RFA Deferral	
5/4/20	11/1/19		9/11/19
11/4/19	5/1/19		3/11/19
One Call PT / OCM Phone: 866- 389-0211 Fax: 90	One Call PT / OCM Phone: 866- 389-0211 Fax:		
Yes	, kes	ON	OZ
Left - Hand, Right - Hand/	Right - Hand, Left - Hand/ M79.641, M79.642	Insufficie nt Info to Properly Identify— Unclassifi ed/	Right - Hand/
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12	9	0	12
Preo perat ive	Preo perat ive		Preo perat ive
	Hand Therapy	Hand therapy	Hand therapy, Evaluatio n and treatme nt
Acupuncture 97026 Unlimited,97124 Unlimited,97813 Unlimited,97814Unlimited	Other 97003— Unlimited,97110 — Unlimited,97112 — Unlimited,97530 —Unlimited,	Other	Other
Certified	Certified	Non-Certified	Certified
UMO-6 11/4/19 CA	5/1/19	4/22/19	3/11/19
UMO-6 CA	UMO-4 CA	UMO-3 CA	UMO-1 CA

ice Daterm. Determination Type of Test Other Testing Type of Contrast O-15 4/1/20 Certified MRI Plain O-2 4/22/19 Certified Other Ergonomic N/A	TESTING	9				7777	- Contraction -	The state of the s					
Certified         MRI         Plain         Multiple Neck           Injury/ M70.832         Injury/ M70.832           Certified         Other         Ergonomic         N/A         Right - Hand, Left	Service Code	Determ. Date	ASSESSED 500	100000000000000000000000000000000000000	Other Testing Desc	Type of Contrast	Body Part / Diagnosis	Provider	Net. Tx. Req.	Net. Tx. Details	Eff. Date	End Date	Determination Notes
O-2 4/22/19 Certified Other Ergonomic N/A Right - Hand, Left	UMO-15 CA	4/1/20		MRI		Plain	Multiple Neck Injury/ M70.832		ON		4/1/20	10/1/20	
Evaluation at Workplace	UMO-2 CA	4/22/19	Certified	Other	at	N/A	Right - Hand, Left - Hand/	and the state of t	No		4/19/19 10/19/19	10/19/19	

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	Service Determ. Code Date	UMO-5 5/9/19 Certified		4		
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		Determination Notes														
		End Date	9/11/21				7/20/2	17/77/0					12/23/20			
		Eff. Date	3/11/21				42/22/20	17/77/70					6/23/20			
		Net. Tx. Details	Corvel CA MPN	https://www.co	rvel.com/ca-	mpn-lookup										
		Net. Tx. Req.	Yes				114	0					2			
		Provider														
Extremities //M79.641, M79.642		Facility														
		Diagnosis														
		Type of Consult	Chiropractic	evaluation	99213	Unlimited		Surgical	Consult for	the neck	99205	Unlimited	Surgical	consult for	bilateral	elhowe
		Determination	Certified					Certified					Certified			
	L	Determ. Date	UMO-40 3/11/21				_	UMO-37   12/22/20					UMO-24 6/23/20			
	CONSULT	Service Code	UMO-40	క				UMO-37	গ্ৰ				UM0-24	S		

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